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MODIFICATION #1 CONTRACT AGREEMENT

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MODIFICATION NUMBER 1
TO THE AGREEMENT BY AND BETWEEN
MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES
AND
SUNNYBROOK CHILDREN'S HOME, INC.

The following Amendment, effective February 15, 2017 is made a part of the contract, dated June 23, 2016 entered into by and between the Mississippi Department of Child Protection Services and Sunnybrook Children's Home, Inc., hereinafter referred to as "Independent Contractor."

Now, therefore, in consideration of the mutual agreements to modify the original contract between them, MDHS and "Independent Contractor", do hereby agree that Paragraphs 5, 16, 20, 23, 24 & 30 of said contract shall be modified to reflect the following:

5. <u>Consideration and Method of Payment</u>.

A. As consideration of all services and performances under this Contract, Independent Contractor shall be paid a fee not to exceed One Hundred Seventy Two Thousand Nine Hundred Thirty Six Dollars and Forty Six Cents ($172,936.46) for all products, services, salaries, travel, performances, costs, and expenses of whatever kind and nature of this Contract. Modification #1 increased by Fifty Seven Thousand Twenty Five Dollars and Eighty Eight Cents ($57,025.88). It is expressly understood and agreed that in no event will the total compensation paid hereunder exceed the specified amount Two Hundred Twenty Nine Thousand Nine Hundred Sixty Two Dollars and Thirty Four Cents ($229,962.34). (Exhibit C-1)

B. The Independent Contractor will bill MDHS for its services on a monthly basis. Following the satisfactory completion, as determined by MDHS, of its monthly services, the State requires the Independent Contractor to submit invoices electronically throughout the term of the agreement. Invoices shall be submitted to MDHS using the processes and procedures identified by the State. The appropriate documentation shall be submitted on the last working day of the month, with the final invoice to be submitted within five (5) working days after the contract ending date.

<u>PAYMODE:</u> Payments by state agencies using the Mississippi's Accountability System For Government Information and Collaboration (MAGIC) shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of the Independent Contractor's choice. The State may, at its sole discretion, require the Independent Contractor to submit invoices and supporting documentation electronically, at any time, during the term of this Agreement. Independent Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

<u>E-PAYMENT:</u> Independent contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. MDHS agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies," Mississippi Code Annotated 31-7-301, et. seq., which generally provides for payment of undisputed amounts by MDHS within forty-five (45) days of receipt of invoice.

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16. Availability of Funds. It is expressly understood and agreed that the obligation of the Agency to proceed under this agreement is conditioned upon the appropriation of funds by the Mississippi State Legislature and the receipt of state and/or federal funds. If the funds anticipated for the continuing fulfillment of the agreement are, at any time, not forthcoming or insufficient, either through the failure of the federal government to provide funds or of the State of Mississippi to appropriate funds or the discontinuance or material alteration of the program under which funds were provided or if funds are not otherwise available to the Agency, the Agency shall have the right upon ten (10) working days written notice to Contractor, to terminate this agreement without damage, penalty, cost or expenses to the Agency of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.

20. Applicable Law. The contract shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of laws, provisions, and any litigation with respect thereto shall be brought in the courts of the State. Contractor shall comply with applicable federal, state, and local laws and regulations.

23. Representation Regarding Gratuities. The bidder, offeror, or Contractor represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 Gratuities) of the *Mississippi Personal Service Contract Review Board Rules and Regulations*.

24. Procurement Regulations. The contract shall be governed by the applicable provisions of the *Mississippi Personal Service Contract Review Board Rules and Regulations*, a copy of which is available at 210 East Capitol, Suite 800, Jackson, Mississippi 39201 for inspection, or downloadable at http://www.mspb.ms.gov.

30. E-Verify. If applicable, Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act of 2008, and will register and participate in the status verification system for all newly hired employees. Mississippi Code Annotated §§ 71-11-1 *et seq*. The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Contractor agrees to maintain records of such compliance. Upon request of the State and after approval of the Social Security Administration or Department of Homeland Security when required, Contractor agrees to provide a copy of each such verification. Contractor further represents and warrants that any person assigned to perform services hereafter meets the employment eligibility requirements of all immigration laws. The breach of this agreement may subject Contractor to the following:

(1) termination of this contract for services and ineligibility for any state or public contract in Mississippi for up to three (3) years with notice of such cancellation/termination being made public;

(2) the loss of any license, permit, certification or other document granted to Contractor by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year; or,

(3) both. In the event of such cancellation/termination, Contractor would also be liable for any additional costs incurred by the State due to Contract cancellation or loss of license or permit to do business in the State.

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All other terms, conditions, and provisions set out in the original contract other than those modified and amended, which are not in conflict with this Modification Number 1, shall remain in full force and effect for the duration of the contract.

IN WITNESS WHEREOF, the parties have executed this Modification Number 1, in duplicate, on the date appearing with their respective signature below.

MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES

By: _____
Authorized Signature

Printed Name: Dr. David A. Chandler

Title: Commissioner

Date: _____

SUNNYBROOK CHILDREN'S HOME INC.

By: _____
Authorized Signature

Printed Name: Rob Salley

Title: Executive Director

Date: _____

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EXHIBIT A-1
SCOPE OF SERVICES

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Sunnybrook Children's Home, Inc.
Group Home Care Services
March 1, 2016 – February 28, 2017

Scope of Services

All services provided shall comply with all applicable federal and State of Mississippi laws, and regulations, as now existing and as may be amended or modified.

The goal for children in Group Home Care is lasting permanency through reunification, relative care, adoption, or guardianship. The purpose of Group Home Care is to provide an environment and services that will help children and their families develop the necessary skills to support lasting permanency.

The Group Home shall provide services to help children and youth return to their families, transition to a less restrictive setting, or to independent living. These services shall include but are not limited to:

1. Work with MDCPS staff to develop an initial strengths and needs assessment and participate in treatment plan family team meetings and discharge plan family team meetings for each child placed with the Provider.

2. Allow and encourage children and youth to engage in age appropriate community and school based extracurricular activities of their choosing.

3. Work with children and youth and their permanent families to develop skills that will help support the goal of lasting permanency.

4. Work with children and youth to develop age appropriate independent living skills:
    a. Provide support for actions and goals set out in the youth's MDCPS Independent Living Plan and/or Transitional Living Plan (to be provided to the Provider by the youth's MDCPS worker).
    b. Help the youth attain educational goals, including graduation from high school with opportunities for higher education or vocational training.
    c. Help the youth to secure meaningful employment and a steady source of income.
    d. Ensure the youth has access to health care services.
    e. Provide the youth with opportunities to develop permanent connections within the community.

I. LICENSURE

All Group Home Care requires a current license by the Mississippi Department of Child Protection Services (MDCPS). All contractors shall meet all requirements contained in ***Licensing***

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Requirements for Residential Child Caring Agencies and Child Placing Agencies (Licensing Requirements). Contractors shall have access to, shall follow practice guidelines, and shall assist MDCPS in meeting requirements contained in the MDCPS policy manual, which can be accessed online at https://www.mdcps.ms.gov/mdcps-policy

If the Provider is not yet licensed by MDCPS, proof of application may be submitted in conjunction with the response to this request for proposals. If a contract is awarded, the Provider must be fully licensed by MDCPS within one hundred twenty (120) days of the award date or the contract will be considered void. No children will be placed with the Provider under this contract until the Provider is fully licensed.

II. STAFFING AND PERSONNEL

The Provider shall show documentation of both direct care and professional staff on shifts around the clock in accordance with MDCPS Licensing Requirements.

In addition to the Licensing Requirements, the Provider shall include a plan to ensure all staff persons are appropriately trained in:

1. Trauma based practices
2. Individualized prevention strategies to prevent trauma and emotional triggers
3. Individualized interventions to de-escalate psychological and emotional crises
4. Plans to utilize child and their family's unique coping strategies
5. Individualized interventions to address grief and loss a child experiences when removed into MDCPS custody or when moved from one placement to another
6. The Mississippi Family Centered Practice Model

    a) Designate staff to attend a three day orientation (train the trainer) around Mississippi's Family Centered Practice Model for all administrative and clinical staff that will be scheduled in the first half of 2016 and be offered by MDCPS
    b) After the initial training, MDCPS will offer one (1) additional training each year for new Provider staff

III. DESCRIPTION OF SERVICES

The Group Home Program shall be designed to provide services to children and youth in MDCPS custody ages ten (10) to twenty (20) years (or until the twenty first (21st) birthday if custody has been extended by the court). Group Homes may serve children younger than ten (10), upon written approval by the Regional Director, when they are siblings of a resident over age ten (10).

A. General Requirements

1. Services shall be provided in the least restrictive environment that is appropriate to the individual child's strengths and needs.
2. Services must reflect practice that is culturally responsive and designed to provide for the unique needs of each child.

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3. Provider shall not discriminate against a child in its care based on gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.
4. Provider shall be actively engaged in preserving connections and relationships for children with their families of origin.
5. Medical, dental and mental health needs shall be addressed by the Provider for every child in custody of MDCPS admitted to group home program.
6. The Provider shall be responsible for ensuring each child placed receives:
    a. An initial medical exam within seventy-two (72) hours of a child coming into MDCPS custody and a comprehensive medical exam within thirty (30) days of a child coming into MDCPS custody. The admission packet of the Provider should be designed to capture this information and MDCPS county staff will be expected to inform Provider staff when the child came into custody. Both the initial and comprehensive exam may take place during the same medical appointment.
    b. Ongoing routine medicals shall be obtained for each child by anniversary date of child's timely initial medical exam.
    c. Every child three years old and older shall receive a dental examination within ninety (90) calendar days of foster care placement and every six months thereafter. Every foster child who reaches the age of three in care shall be provided with a dental examination within ninety (90) calendar days of his or her third birthday and every six (6) months thereafter.
    d. The Provider shall secure mental health assessments on all children age four (4) and above within thirty (30) days of the date of custody if child has not received one already.
    e. The Provider shall be responsible for ensuring all children receive ongoing mental health assessments and identified mental health services are put into place as necessary.
    f. Developmental assessments will be secured for all children ages zero to three (0-3) and for children older than three (3) when there is suspicion of any developmental delays.
    g. The Provider shall maintain an immunization schedule meeting the health needs of the child and the requirements of the State Department of Health as necessary.
    h. Medicaid providers shall be sought for all medical, dental, and mental services.
    i. Medications will be administered and monitored by assigned staff of the Provider in accordance with Licensure Standards.
    j. Administration of psychotropic medications requires a written authorization from the County of Responsibility.
7. The Provider shall send documentation of and from all medical, dental and mental health examinations or assessments to the child's MDCPS worker within seventy hours (72) of receipt. Additionally, the MDCPS worker shall be notified of all written and/or verbal recommendations for care immediately.

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8. An inventory of all personal property of the child shall be completed by the Provider and MDCPS staff at the time of admission and upon discharge. The Provider and MDCPS staff must verify at admission and upon discharge the items the child is bringing to or taking from the Provider. Re-placement clothing will be provided by the MDCPS County of Responsibility as needed.
9. Hygiene supplies shall be provided through the per diem rate by the Provider.
10. Any injury to a child shall be documented along with any subsequent treatment. The child's MDCPS worker shall be notified immediately of minor or serious injuries and of the treatment required and/or received. Parental notification of serious injuries or treatment shall be made immediately by the child's MDCPS worker. Any injury or other serious incidents shall be reported verbally and followed up in writing by the Provider to the MDCPS Congregate Care Director.
11. All photographs including videos, media presentations, and publications require an Order of Limited Disclosure from child's Youth Court Judge that will be obtained by the child's MDCPS worker. In addition, written consent shall be obtained from the MDCPS County of Responsibility, the child, the primary caregivers, if available, and the Guardian Ad Litem.
12. In the event that the child runs away, is placed in a detention center or a hospital (acute or residential), or placed in any other emergency facility, the Provider shall immediately notify verbally and in writing: the MDCPS Director of Congregate Care, County Social Worker, MDCPS Nurse Supervisor, and law enforcement, if applicable. Additionally, the Provider shall work with MDCPS staff to ensure that connections are maintained with the child (unless on runaway status) until they are able to return to a more permanent placement.
13. Family counseling/therapy, therapeutic support and family visits shall not be contingent on the child's behavior and cannot be denied to the child as part of any discipline.

B. Child and Family Initial and Ongoing Strengths and Needs Assessment

1. The Provider shall develop strategies and services to assist MDCPS with an initial strengths and needs assessment to be incorporated into the MDCPS Comprehensive Family Assessment, on each child/sibling group that will contain information concerning each child's permanency plan (upon determination by MDCPS or Youth Court Judge), gather information that will aid MDCPS in diligent search of relatives and permanent connections, and any other pertinent information needed to promote the safety and permanency of the child. This includes input from the child's parents and extended family.
2. The Provider shall coordinate with MDCPS to ensure participation by its staff with developing and updating the initial strengths and needs assessment.
3. The strengths and needs assessment should include the following types of information:
    a. A list of important connections in the child's life and potential for strengthening those connections into relationships that would lead to permanency for children in foster care;

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b. A description of the child's general physical and presenting mental health status at the time of placement and on an on-going basis;
c. If applicable, it should include a substance abuse evaluation: substance abuse/use by description of patterns of use: how much, how often and anything learned concerning history and age at onset;
d. Treatment goals needed to transition to permanency when appropriate;
e. Medical history that includes medical problems, alerts, present medications, and medication history of the child and parents;
f. Special dietary needs of the child;
g. A general evaluation regarding the child's/youth's functioning in the domains of community living or family support;
h. Family status and involvement;
i. Risk factors for suicide, runaway, violence, or sexual behaviors;
j. An assessment or review of strengths, personal goals, and projected needs for child and parent;
k. A history of the child's educational achievements and areas of concern or needs;
l. Assessment of whether the child is currently eligible for special education services
m. Educational activities/status and interests;
n. A summary of the child's developmental abilities and areas of concern or needs;
o. A trauma history of significant traumatic events in the life of the child and family;
p. Description or explanation of trauma triggers;
q. Possible emotional or behavioral disruptions associated with these traumas;
r. A review of significant losses of important relationships or belongings of the child and the impact of that loss on the child;
s. Effective coping strategies the child engages to deal with these losses or the lack of coping strategies and possible triggers that may cause emotional and behavioral disruptions;
t. Child's desires, hopes, wishes and expressed goals for own life and permanent connections; and a
u. Summary of what the child enjoys doing and is good at doing.

C. Treatment Plan Family Team Meeting

1. The Provider shall initiate, schedule, and conduct a treatment plan family team meeting within the first seventy-two (72) hours of a child entering the Provider in order to begin gathering information for the strengths and needs assessment and the child and family treatment plan. This is separate from the MDCPS Family Team Meeting to determine components of the Family Service Plan.
2. The Treatment Planning Family Team Meeting should address the initial strengths and needs assessment, past treatment history, time frames, roles and responsibilities, permanent plans for the child, court hearings, visitation schedules, medical needs, dental needs, mental

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health needs, developmental abilities, family and child's strengths, coping mechanisms, behavioral challenges and trauma, grief and loss history, education history.

3. During the first thirty (30) days of a child's placement, Treatment Plan Family Team Meetings should take place weekly. After the first thirty (30) days, these meetings should be held at least monthly.
4. The Treatment Plan Family Team Meeting may be conducted in person or over the phone.
5. The Treatment Plan Family Team shall include, unless determined to be inappropriate by the MDCPS County of Responsibility:
    a. MDCPS County of Responsibility
    b. Child when age appropriate
    c. Birth parents, resource parents, and/or primary caregiver, as appropriate
    d. Potential relative placements
6. The Treatment Plan Family Team Meeting may also include, subject to appropriateness and availability:
    a. Important connections
    b. MDCPS Educational Liaison
    c. MDCPS Independent Living Coordinator
    d. MDCPS Treatment Navigators
    e. MDCPS County of Service
    f. MDCPS Nurses
    g. Guardian Ad Litem
    h. Other Service providers, including:
        i. School Officials
        ii. Mental Health Therapist
        iii. MAP Team Coordinators
        iv. Mobile Crisis Unit
        v. Medical Staff
        vi. Other placement providers when a child is coming from another facility or is transferring to another facility
7. The MDCPS County of Responsibility shall provide names and contact information for required and optional attendees.
8. The Provider shall document efforts to notify required and optional attendees. In the event that all parties who were scheduled to attend do not, the Provider shall conduct the meeting and provide written updates to the parties that were not able to attend.

D. Individualized Treatment Plans

1. The Provider shall assist MDCPS workers to develop and initiate individualized treatment plans to be incorporated into the MDCPS Family Service Plan for each child and family that is specific to that child's strengths, needs, and permanency plan.
2. The Provider in conjunction with the child's Family Team, as defined above, shall develop strategies that allow for comprehensive individualized treatment planning for the child and

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their family when the plan is reunification, helping to identify a prospective family when the plan is for adoption, or identifying the next best placement for the child.

3. The initial treatment plan shall be completed within thirty (30) days of admission to the program and will be updated on an ongoing basis. The treatment plan must include the participation of Child's Family Team, as outlined above, and shall be approved and signed by the all participants.
4. The individualized treatment plan shall include:
    a. Plan to prevent trauma triggers – each child's triggers and their unique ways of coping should be utilized to prevent unnecessary re-victimization and trauma
        i. Child's current coping strategies should be used when reasonable – for instance if the child listens to music to calm down, the child's music should be made available and not taken away as a form of punishment.
    b. Plan to improve the child's capacity for emotional regulation and his or her coping mechanisms by providing opportunities and activities to promote both emotional regulation and coping, such as:
        i. Journaling, Music Therapy, Art Therapy, Martial Arts, Yoga, Sensory Integration, Breathing techniques, Animal Assisted Therapy, Hypnotherapy, Eye Movement Desensitization and Reprocessing are just a few evidenced based emotionally regulating activities. Several of these are free and can be implemented by the Provider. Others are Medicaid reimbursable, while the other may be accessed through partnerships in the community.
    c. It must address the trauma, grief and loss associated with children entering the foster care system.
    d. Protective and risk factors in parents – identifying the parent's protective and risk factors to develop a strengths based plan for reunification
    e. Child and family strengths
    f. Unique/individualized needs of child and their family
    g. Treatment goals that address the child's permanent and concurrent plan, as developed by MDCPS
    h. Plans to address mental health related behaviors, including individual, group and family therapy or wrap around services as needed
        i. Treatment goals established by the Provider and the mental health provider need to be made in conjunction with the child and family's permanency plan. Conflicting or separate goals can lead to unplanned discharges and delayed permanency.
    i. Crisis intervention plans to prevent placement disruption including the utilization of - MAP Team wrap around services, Mobile Crisis Services, or interagency wrap around support and crisis intervention strategies
    j. Education/Vocational

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i. Services that would inform, update, or initiate an Individualized Educational Plan when needed and enroll a child into appropriate classes.
ii. Plans for transitions into other school districts or settings.
iii. Surrogate parents are needed for every child in special education. If possible, it is hoped that parents or relatives can serve as a surrogate parent as required by the Department of education. If these persons are not available, Federal Law prohibits public State Child Welfare Agency personnel from serving as a surrogate parent. A Provider staff member shall be required to serve as needed in the role of surrogate parent for special needs children placed in the Provider's program.

k. Developmental goals to help the child achieve age appropriate developmental milestones
l. Individualized plans for treating children with intellectual and developmental delays
m. Health – Medical/Dental
n. Medical necessities and medication management
o. Alcohol and drug awareness and education as needed
p. Coordination of alcohol and drug treatment as needed
q. Social/Independent Living (youth 14 and over)
    i. Independent living skills needed and strategies the Provider has to assist in the development of those skills in the youth while also taking advantage of those offered through MDCPS' Contract Independent Living Skills Provider.
r. Maintaining permanent connections
    i. The identification of family supports and important connections of the child and engaging those connections.
    ii. Important connections can be familial or others who care about the child and family.
    iii. Plans of integrating the child back into the biological family (reunification) or into an identified foster or adoptive home (including relative and non-relative).
    iv. Visitation between the child and their family and siblings, including face to face visits, phone calls and other correspondence such as Skype, Facebook, etc. (These should be done in accordance to MDCPS policy regarding family visitation). Children cannot be denied visitation for any reason (except in the case of a no contact order). Children's visitation with family is the child's right and shall not be used as an incentive or consequence in disciplinary actions.
    v. Reunification strategies.
    vi. Foster parent or relative recruitment strategies.

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s. Recreation
    i. Plans for fun activities that would include family, siblings and others to build connections and relationships and add "normalcy" to the child's life.

E. Emergency Services

1. The Provider must have an emergency protocol, including a protocol for responding to behavioral based emergencies, to include contacting mobile crisis units for assessments and interventions to prevent placement disruptions if possible.
2. In case of medical or other type of emergencies, the Provider must provide respondents with immediate access to relevant information in the child/youth's record.

F. Discharge Planning

1. Every child shall have a planned transition to the next best placement.
2. Successful discharge planning may result a child going to live with a relative with needed support, going to adult services provided through the Department of Mental Health, going to college, being reunified with his or her family or being adopted. An unsuccessful discharge is an exit to a higher level of care, another agency of the same level of care, homelessness, runaway without readmission, and detention or jail without return to the program.
3. Punitive discharges shall not be allowed (discharges cannot be used as punishment for child's behavior).
4. The Provider shall schedule, initiate, and conduct the first Discharge Planning Family Team Meeting for the successful transition of the child back into their family or the identified next best placement within fourteen (14) days of the placement.
5. The final planned discharge meeting must be held two weeks prior to the child's discharge from the Provider.
6. The purpose of this meeting will be to discuss:
    a. Treatment progress as reported by mental health Provider
    b. Progress needed toward other goals
    c. Educational transition
    d. Medication management/needs
    e. Medical history and current physical health and needs
    f. Upcoming appointments
    g. Special dietary needs
    h. Trauma triggers
    i. Social, emotional and behavioral issues
    j. Child's interests
    k. Important connections
    l. Coping strategies
    m. Tangible needs
    n. Roles and responsibilities of each Team member in the transition process

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7. This discharge plan will be provided in writing to all members within 48 hours of the meeting.
8. These meetings can take place in person or via conference call.
9. There should be a signature page for each treatment team meeting. The signatures account for attendance as well as agreement of the discussion and changes in the plan.
10. The Discharge Planning Family Team Meeting shall include, unless determined to be inappropriate by the MDCPS COR:
    a. MDCPS County of Responsibility
    b. Child when age appropriate
    c. Parents of the child
    d. Potential relative placements
11. The Discharge Plan Family Team Meeting may also include, subject to appropriateness and availability:
    a. Important connections
    b. MDCPS Educational Liaison
    c. MDCPS Independent Living Coordinator
    d. MDCPS Treatment Navigators
    e. MDCPS County of Service
    f. MDCPS Nurses
    g. Guardian Ad Litem
    h. Other Service Providers, including:
        i. School Officials
        ii. Mental Health Therapist
        iii. MAP Team Coordinators
        iv. Mobile Crisis Unit
        v. Medical Staff
        vi. Other placement Providers when a child is entering from another facility or is transferring to another facility

G. Placement Disruption

1. No child shall be ejected from placement based on behaviors, unless it is deemed medically necessary that they go into a higher-level psychiatric treatment facility or unless the child presents an immediate threat of harm to himself or others. The Provider shall put forth all efforts to prevent this disruption, including utilizing MAP Teams, local and statewide wrap around services and Mobile Crisis Units. Immediate removal may occur if child is a threat of harm to self or others.
2. The Provider shall schedule a Discharge Family Team meeting any time it has an indication that the placement may be in danger of disrupting
3. In the event that a child may need a higher level of care than the Provider can provide and the Provider has put forth all efforts to prevent the placement from disruption, an

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emergency Discharge Family Team Meeting must be held to determine the next best placement for the child.

4. Upon discharge from the higher level of care, the child shall return to the same Provider if placement is needed.
5. Unplanned discharge meetings may be held with a forty-eight (48) hour notice.

H. Runaways and Serious Incidents

1. In the event that the child runs away, the Provider shall immediately notify verbally and in writing: the MDCPS Director of Congregate Care, County Social Worker, and law enforcement.
2. If a child causes injury to the Provider's staff or another resident of the Provider, the Provider shall notify the MDCPS County Social Worker as well as the Congregate Care Unit and file charges with Law enforcement so that the matter can be brought before the judge of jurisdiction. Payments shall not be made for the night child is absent due to runaway status. Termination will be considered after child has not been located in seven (7) calendar days.

IV. Reporting

MDCPS has identified the following Key Performance Indicators (KPI's) that will be monitored, though not incentivized, as it relates to improving outcomes for Mississippi children and families. These six priority areas are reflective of key practices and services that have a direct link to the achievement of outcomes that will be the focus of the Mississippi Performance Based Contracting model.

The Provider will be expected to submit the required data monthly on a web tool to be designed by MDCPS prior to contract start date.

The five (5) areas the Provider will be expected to collect data on are as follows:

1. **Regular Treatment Planning Family Team Meetings and Discharge Family Team Meetings**

Data regarding the frequency of Treatment Planning Family Team Meetings and Discharge Family Team Meetings and attendance by Provider staff at MDCPS scheduled Family Team Meetings and Foster Care Reviews for children placed in the Provider's care will be collected on an ongoing basis and will help inform the degree to which the Provider is actively engaged in case planning with the child and family.

2. **Facilitation by the Provider of frequent and consistent in-person visits between children in care and their parents and siblings**

Data regarding the frequency of parent/child visits and sibling visits for children placed in the Provider's care will be collected from the Provider to measure the extent to which the Provider is

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actively engaged in preserving connections and relationships for children with their families of origin.

3. **Ensuring the completion of initial physical, developmental and mental health assessments by the** Provider **for children in care in a timely manner**

Data will be collected from the Provider as to the timely assessments for children under their care for:

a. Initial (72 hour) medical assessments
b. 30 day comprehensive medical exams
c. Ages 0-3 developmental assessments
d. Ages 4 and up mental health assessments
e. School-age 30 day educational assessments
f. 90 day dental exams

4. **Prevention of unplanned placement discharges**

Data will be collected from the Provider on an ongoing basis for those children under their care for whom they have:

a. Requested a Discharge Planning Family Team
b. Requested removal (with 2 weeks' notice/without 2 weeks' notice)
c. Discharged under unplanned circumstances
d. Discharged to a less restrictive placement
e. Discharged to a more restrictive placement

5. **Preparing Older Youth for Independence**

Data will be collected from the Provider on an ongoing basis for those youth ages 14 and up, under their care as to:

a. Support of actions and goals set out in the youth's MDCPS Independent Living Plan and/or Transitional Living Plan (to be provided to the Provider by the youth's MDCPS worker)
b. Support to help youth attain educational goals, including graduation from high school with opportunities for higher education or vocational training
c. Support to secure for youth meaningful employment and a steady source of income
d. Support to ensure the youth has access to health care services
e. Permanent connections the youth has developed within the community

V. Appeals procedures

The Department recognizes that in order to hold the Provider accountable for the outcomes of stability, permanency, and reentries, it will need to develop a timely, formal process where the Provider can bring any grievances related to case-specific practice.

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Even though there will be a formal grievance process, the Department expects its county staff, state office staff, and the Provider to work to resolve any differences through consistent informal communications prior to beginning any of the formal procedures outlined below.

1. **There are two (2) situations where the** Provider **may institute the formal appeals process:**
    a. Placement or treatment decision is a threat to the safety of the child
    b. Placement or treatment decision is in opposition to the child's permanency plan

2. **The formal appeal process consists of three steps:**
    a. Case Conference

The first step in resolving disagreements about case decisions is to hold a case conference with the MDCPS caseworker and supervisor, Provider caseworker and supervisor. Both the MDCPS County of Service and County of Responsibility should be included. All parties should document the case conference in their respective files. If still dissatisfied, the Provider must request the regional conference immediately.

b. Regional Conference

The second step in resolving a disagreement that cannot be resolved by a case conference is to hold a regional conference with the Regional Director. The Provider caseworker, supervisor and director should be present. The MDCPS caseworker and supervisor must abide by the decision of the Regional Director. The Regional Director will provide a written response to be documented by all parties in their respective files.

c. State Office Review

If the Provider is not satisfied with the Regional Director's decision, the Provider may appeal the decision to the MDCPS State Office case review committee. The case review committee will consist of MDCPS Director or Designee, MDCPS Field Operations Director or Designee, and the Bureau Director or designee most closely related to the cause of disagreement. The case review committee can meet face-to-face or by conference call, at the discretion of MDCPS. The case review committee must include at least two of the above mentioned positions. Documentation from all parties involved in Step 1 and Step 2 shall be submitted to the Case Review Committee. The MDCPS caseworker, supervisor, regional director and the Provider caseworker, supervisor, and director should be at the meeting or on the call to present their case and respond to questions from the committee. The case review committee will have the final word in case decisions. The case review committee will provide written documentation of the decision to MDCPS staff and Provider staff for their respective files.

For each level of the formal appeals process, Provider must request and MDCPS must schedule and hold the appropriate conference or review within forty-eight (48) hours, excluding holidays and weekends, of the conclusion of the prior step.

VI. Performance Measures

1. Definitions

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- **Exits to Permanency -** All exits from state custody that are intended to provide the child with a stable, permanent family: reunification, guardianship and adoption.
- **Non-permanent Exits** – All exits from a Provider (e.g., aging out, runaway) that are not permanent.
- **Transfer Exit** – Exit from a Provider's custody to a placement location elsewhere in the state.
- **Re-entries –** Any child that has a permanent exit (reunification or guardianship) from care and returns to custody within 365 days of their exit.
- **Lasting Permanency** – All exits to permanency minus reentries for a period of one year after exit to permanency.
- **In Care Population –** The population in care as of January 1, 2016.
- **Admission** -- Entry with a Provider that occurred during a fiscal year window. Children who have temporary episodes in alternative locations (e.g. acute care facility, or college) will have that time bridged if the episode is less than 14 days.
- **Baseline Exits to Permanency** – The number and percent of children, from the corresponding in care and admission populations, the Provider would be expected to exit from out-of-home care, within a specified fiscal year period, to permanency (as defined in this section).
- **Baseline Re-entries** – The number and percent of children discharged to permanency who may be expected to return to care, given historical performance. For purposes of estimating the reentry to care, return to out-of-home care means any child who returns to out of home care from a permanent exit (reunification or guardianship, whether the foster home is supervised by MDCPS, or a private Provider). For purposes of calculating the re-entry rate, the base includes children discharged to permanency from either the in care or admission population within the fiscal year, who return to care with one year of their discharge to permanency.
- **Baseline Lasting Permanency** – The number of children, from the corresponding in care and admission populations, the Provider would be expected to exit from out-of-home care, within two calendar years, to permanency (as defined in this section) minus the number of re-entries divided by the total number of children served during the evaluation period.
- **Targeted Exits to Permanency –** The number and percent of children for whom the Provider can be projected to achieve a permanent exit, given that the goal for improvement in performance is met.
- **Targeted Re-entries --** The number and percentage of returns to out of home care after a successful exit to permanency within one fiscal year.
- **Target Lasting Permanency -** The percent of children for whom the Provider can be projected to achieve a lasting permanent exit, given the targeted improvement in exits to permanency and targeted reduction in re-entries.
- **Performance Period -** Period beginning on July 1, 2016 and ending on December 31, 2017 during which the Provider will be evaluated on performance measures.

2. Performance Evaluation

MDCPS shall evaluate Provider performance in the following areas:

a) Permanent Exits

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b) Re-entries after permanent exits

For the purposes of performance evaluation, the Provider will be evaluated on actual performance versus baseline performance (defined above) established at the beginning of the performance period and the targeted improvement identified below.

For a Provider who has never provided group home services, a baseline will be created from the average of all existing licensed group homes for the initial performance period. After the initial performance period, the Provider's baseline will become their own performance since the contract start date and any new Provider will be evaluated against that baseline in future renewals or new contracts.

For the July 1, 2016 – December 31, 2017 performance period, the targeted levels of performance improvement are as follows:

Outcomes	**Targeted Improvement**
Exits to permanency	+ 10% (ten percent more children will exit to permanency)
Re-entries	- 10% (ten percent fewer children will reenter care following permanent exit)

Performance will be evaluated at the conclusion of the two year performance period using the following framework:

$$\textbf{Targeted Lasting Permanency} = \frac{\text{(Targeted Exits to Permanency) - (Targeted Reentries)}}{\text{Total Baseline Children Served}}$$

$$\textbf{Actual Performance} = \frac{\text{(Actual Exits to Permanency) - (Actual Reentries)}}{\text{Total Children Served}}$$

Once actual and targeted performance has been established, as described above, Provider will potentially be eligible for an enhanced or premium rate for next contractual period based on Actual Performance compared to Baseline Lasting Permanency and Targeted Lasting Permanency:

	Less than Baseline Lasting Permanency	**Between Baseline and Target Lasting Permanency**	**Greater than Targeted Lasting Permanency**
Actual Performance	Base Rate	Enhanced Rate	Premium Rate

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The Provider will be eligible for either the base, enhanced, or premium rate in in the subsequent contract renewal period or under a new contract pending the availability of funds in that State Fiscal Year.

VII. Funding

The "board payment" for foster children is determined by MDCPS dependent upon the appropriation of the Mississippi Legislature.

Board payments for a child in foster care may cover the cost of (and the cost of providing) the following:

- Food
- Clothing
- Shelter
- Daily supervision
- School supplies
- A child's personal incidentals
- Liability insurance with respect to the child
- Reasonable travel to the child's home for visitation with family, or other caretakers
- Reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement

Local travel associated with providing the items listed above is also an allowable expense. In the case of child care institutions, such items must include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentences.

The base rate can be found in Section D.VIII.B. Resource Board Payment Schedule of the MDCPS/MDCPS Policy Manual.

Payments will be made based on the number of nights a child physically spends in the placement; 12:01a.m. will begin a new day. Board payments will not be paid for the placement from which a child is removed, when temporarily moved to another placement such as trial home placements, incarceration (jails or detention centers), medical and/or behavioral institutions, attending college and/or placed on runaway status; nor will payments be made in the event that the home's license lapses (Refer to the board payment exceptions following.).

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Board Payment Exceptions to Overnight Visit(s) and Temporary Move(s)

When a Resource Home or Residential Provider has committed to the child(ren) returning to their home or Provider after an overnight visit, receiving respite, medical and/or behavioral treatment, a placement change in MACWIS will not be required if they meet the following criteria:

- If child is on an overnight visit or receiving respite, medical and/or behavioral treatment for 0-3 days (72 hours), prior approval from ASWS and RD shall be obtained in writing through e-mail and documented in MACWIS.
- If child is on an overnight visit or receiving respite, medical and/or behavioral treatment for more than 72 hours, but not more than 14 days, and will return to the resource placement or Provider, prior approval from ASWS, RD and Field Operations Director shall be obtained in writing through e-mail and documented in MACWIS.
- In the event of an extraordinary circumstance concerning a youth in custody, it may be brought to Executive management (Deputy Commissioner, MDCPS Director and/or Field Operations Director) for consideration. The extraordinary circumstance shall be staffed with ASWS and RD. Upon staffing, when determined that further review is appropriate, only then will the matter be brought to the attention of MDCPS Executive management for consideration. The extraordinary circumstance and decision shall be obtained in writing through e-mail and documented in MACWIS.

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EXHIBIT B

Modified Mississippi Settlement Agreement And Reform Plan

(See Mississippi Department of Human Services Website)
www.mdhs.state.ms.us

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EXHIBIT C-1
BUDGET

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SUNNYBROOK CHILDREN'S HOME
March 1, 2016 – February 28, 2017

RESOURCE BOARD PAYMENT SCHEDULE (EFFECTIVE JULY 1, 2016)

Age/Status	Board	Clothing	Allowance	Payment	Daily Per Diem**
0-8	$586.90	$80.00	$30.00	$696.90	$23.23
9-15	$672.20	$80.00	$50.00	$802.20	$26.74
16-21	$736.60	$80.00	$60.00	$876.60	$29.22
Special Needs I	$838.60	$80.00	**	$918.60	$30.62
Special Needs II	$901.30	$80.00	**	$981.30	$32.71
Foster Teen Parent	$1,323.50	$160.00	$90.00	$1,573.50	$52.45
Emergency Shelters	$4,412.10	-	-	$4,412.10	$147.07
Regular Group Home (all ages)	$1,096.60	$80.00	**	$1,176.60	$39.22
Therapeutic Resource Home	$2,823.10	$80.00	**	$2,903.10	$96.77
Therapeutic Group Home	$5,170.00	$80.00	**	$5,250.00	$175.00
Related Therapeutic Placement	$1,293.70	$80.00	**	$1,373.70	$45.79

** Personal Allowance shall be based on the age of the child and is included in the total board payment. Clothing and personal allowances are included in the total board payment. Rates are based on a 30 day month and shall be prorated by per diem. (A full month board payment for February will be slightly less and 31-day months will be slightly more.)

When the board payment is prorated, clothing allowances shall be prorated at the rate of $2.67 per day and personal allowances shall be prorated based on the following:

- Ages 0-8 shall be prorated at a rate of $1.00 per day
- Ages 9-15 shall be prorated at a rate of $1.67 per day
- Ages 16-21 shall be prorated at a rate of $2.00 per day
- Foster Teen Parents shall be prorated at a rate of $3.00 per day

If the amount of board payment is based on age alone, this amount is determined by the age of the foster child on the first day of the month for which payment is being made; if necessary, an adjustment in the board rate will be made the following month, after the child's 9th or 16th birthday (MDCPS Policy Section D/Resource Board Payment Schedule).

The budget is based on the age/status of the child(ren) as identified above and the total amount of this Contract will not exceed Two Hundred Twenty Nine Thousand Nine Hundred Sixty Two Dollars and Thirty Four Cents ($229,962.34).

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CERTIFICATE OF INSURANCE

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Client#: 26564 SUNCH

ACORD™ # CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/18/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Ross & Yerger Insurance, Inc.
P.O. Box 1139
Jackson, MS 39215
601 948-2900

CONTACT NAME: Kristen Wade
PHONE (A/C, No, Ext): 601 948-2900 FAX (A/C, No): 601 355-3227
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Philadelphia Indemnity Ins. Com	
INSURER B: Bridgefield Casualty Ins/Summit	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Sunnybrook Children's Home, Inc.
P.O. Box 4871
Jackson, MS 39296-4871

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			PHPK1589070	12/31/2016	12/31/2017	EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$3,000,000
								$
A	AUTOMOBILE LIABILITY			PHPK1589070	12/31/2016	12/31/2017	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			19625116	12/31/2016	12/31/2017	X WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

** Supplemental Names **
Sunnybrook Children's Home Foundation
Sunnybrook Campus, LLC
Sunnybrook Ranch, LLC

(See Attached Descriptions)

CERTIFICATE HOLDER

MS Department of Human Services
750 N. State St.
Jackson, MS 39202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dudley D. Wooley

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DESCRIPTIONS (Continued from Page 1)

Subject to policy terms, conditions and exclusions.

Certificate Holder is included as Additional Insured under the General Liability and Auto Liability, as required by written contract.

STATUTORILY APPROVED SUBMISSION

Revised 03/2015

STATE OF MISSISSIPPI
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
CONTRACT FOR PERSONAL OR PROFESSIONAL SERVICES

1. **Parties.** This Contract is made and entered into by and between the Division of Family & Children's Services, Mississippi Department of Human Services, hereinafter referred to as "MDHS," and Sunnybrook Children's Home, Inc., hereinafter referred to as "Independent Contractor."

2. **Purpose.** MDHS hereby engages the Independent Contractor and the Independent Contractor hereby agrees to render certain professional services described in Paragraph 3, "Scope of Services."

3. **Scope of Services.** The Independent Contractor shall perform and render the following services and activities described in the "Scope of Services," attached hereto as Exhibit A and the "*Modified Mississippi Settlement Agreement and Reform Plan*," attached hereto as Exhibit B, and incorporated herein by reference.

4. **Period of Performance.** The period of performance of services under this Contract shall begin on March 1, 2016 and end on February 28, 2017. Upon notification to Sunnybrook Children's Home, Inc. by MDHS, at least ninety (90) days prior to each contract anniversary date, the contract may be renewed by MDHS for a period of two (2) successive one-year period(s) under the same prices, terms and conditions as in the original contract. The total number of renewal years permitted shall not exceed two (2). However, if MDHS does not intend to renew the contract, Sunnybrook Children's Home, Inc. shall be notified at least ninety (90) days prior to the contract anniversary date.

5. **Consideration and Method of Payment.**

A. As consideration for the performance of this Contract, the Independent Contractor shall be paid a fee not to exceed One Hundred Seventy Two Thousand Nine Hundred Thirty Six Dollars and Forty Six Cents ($172,936.46) in accordance with the Budget attached hereto as Exhibit C. It is expressly understood and agreed that in no event shall the total compensation paid hereunder exceed the specified amount of One Hundred Seventy Two Thousand Nine Hundred Thirty Six Dollars and Forty Six Cents ($172,936.46).

B. The Independent Contractor will bill MDHS for its services on a monthly basis. Following the satisfactory completion, as determined by MDHS, of its monthly services, the State requires the Independent Contractor to submit invoices electronically throughout the term of the agreement. Invoices shall be submitted to MDHS using the processes and procedures identified by the State. The appropriate documentation shall be submitted on the last working day of the month, with the final invoice to be submitted within five (5) working days after the contract ending date.

PAYMODE: Payments by state agencies using the Mississippi's Accountability System For Government Information and Collaboration (MAGIC) shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of the Independent Contractor's choice. The State may, at its sole

discretion, require the Independent Contractor to submit invoices and supporting documentation electronically, at any time, during the term of this Agreement. Independent Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

E-PAYMENT: Independent Contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. MDHS agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies," Mississippi Code Annotated 31-7-301, et. seq., which generally provides for payment of undisputed amounts by MDHS within forty-five (45) days of receipt of invoice.

6. Relationship of Parties

A. It is expressly understood and agreed that MDHS enters into this Contract with Independent Contractor on a purchase of service basis and not on an employer-employee relationship basis. Nothing contained herein shall be deemed or construed by MDHS, the Independent Contractor, or any third party as creating the relationship of principal and agent, partners, joint ventures, or any similar such relationship between MDHS and the Independent Contractor. Neither the method of computation of fees or other charges, nor any other provision contained herein, nor any act of MDHS or the Independent Contractor hereunder, creates or shall be deemed to create a relationship other than the independent relationship of MDHS and the Independent Contractor.

B. Independent Contractor represents that it has, or will secure, at its own expense, applicable personnel who shall be qualified to perform the duty required to be performed under this Contract.

C. Any person assigned by Independent Contractor to perform the services hereunder shall be the employee of Independent Contractor, who shall have the sole right to hire and discharge its employee. MDHS may, however, direct Independent Contractor to replace any of its employees under this Contract. If Independent Contractor is notified within the first eight (8) hours of assignment that the person is unsatisfactory, Independent Contractor will not charge MDHS for those hours.

D. It is further understood that the consideration expressed herein constitutes full and complete compensation for all services and performances hereunder, and that any sum due and payable to Independent Contractor shall be paid as a gross sum with no withholdings or deductions being made by MDHS for any purpose from said Contract sum.

E. Independent Contractor shall pay when due all salaries and wages of its employees, and it accepts exclusive responsibility for the payment of Federal Income Tax, State Income Tax, Social Security, Unemployment Compensation and any other withholdings that may be required.

7. Termination for Cause. If, through any cause, Independent Contractor fails to fulfill in a timely and proper manner, as determined by MDHS, its obligations under this Contract, or if Independent Contractor violates any of the covenants, agreements, or stipulations of this

Contract, MDHS shall thereupon have the right to terminate the Contract by giving written notice to Independent Contractor of such termination and specifying the effective date thereof at least five (5) days before the effective date of such termination. In the event of such termination, Independent Contractor shall be entitled to receive just and equitable compensation for satisfactory work completed on services or documents or materials collected and/or prepared by Independent Contractor in connection with this Contract. Such compensation shall be based upon the fees set forth in Paragraph 5, but, in no case, shall said compensation exceed the total Contract price.

Notwithstanding the above, Independent Contractor shall not be relieved of liability to MDHS for damages sustained by MDHS by virtue of any breach of this Contract by Independent Contractor, and MDHS may withhold any payments to Independent Contractor for the purpose of set off until such time as the exact damages due to MDHS from Independent Contractor are determined.

8. **Termination for Convenience of MDHS.** MDHS may terminate this Contract at any time by giving written notice to Independent Contractor of such termination and specifying the effective date thereof at least five (5) days before the effective date of such termination. Independent Contractor shall be paid an amount which bears the same ratio to the total compensation as the services actually and satisfactorily performed bear to the total services of Independent Contractor covered by the Contract, less payments of compensation previously made.

9. **Ownership of Documents and Work Products.** All data collected by Independent Contractor and all documents, notes, programs, data bases (and all applications thereof), files, reports, studies, and/or other material collected and prepared by Independent Contractor in connection with this Contract shall be the property of MDHS upon completion or termination of this Contract. MDHS hereby reserves all rights to the data base and all applications thereof and to any and all information and/or materials prepared under this Contract.

The Independent Contractor is prohibited from use of the above described information and/or materials without the express written approval of MDHS.

10. **Record Retention and Access to Records.** Independent Contractor shall maintain, and make available to MDHS, any State agency authorized to audit MDHS, the federal grantor agency, the Comptroller General of the United States or any of their duly authorized representatives, financial records, supporting documents, statistical records, and all other records pertinent to the services performed under this Contract. These records shall be maintained for at least three (3) years; however, if any litigation or other legal action, by or on behalf of the state or federal government has begun that is not completed at the end of the three-year period, or if audit finding, litigation, or other legal action has not been resolved at the end of the three-year period, the records shall be retained until resolution.

11. **Modification or Amendment.** Modifications, changes, or amendments to this Contract may be made upon mutual agreement of the parties hereto. However, any change, supplement, modification, or amendment of any term, provision, or condition of this Contract shall be in writing and signed by both parties hereto.

12. **Assignments and Subcontracts.** Independent Contractor shall not assign, sublet, or otherwise transfer the obligations incurred on its part pursuant to the terms of this

Contract without the prior written consent of MDHS. Any attempted assignment or transfer of its obligation without such consent shall be wholly void.

13. **Waiver.** Failure of either party hereto to insist upon strict compliance with any of the terms, covenants, and conditions hereof shall not be deemed a waiver or relinquishment of any similar right or power hereunder at any subsequent time or of any other provision hereof, nor shall it be construed to be a modification of the terms of this Contract.

14. **Availability of Funds.** It is expressly understood and agreed that the obligation of MDHS to proceed under this Contract is conditioned upon the availability of funds, the appropriation of funds by the Mississippi Legislature, and the receipt of state and/or federal funds. If, at any time, the funds anticipated for the fulfillment of this Contract are not forthcoming or are insufficient, either through the failure of the federal government to provide funds or of the State of Mississippi to appropriate funds or the discontinuance or material alteration of the program under which funds were provided, or if funds are not otherwise available to MDHS for the performance of this Contract, MDHS shall have the right, upon written notice to Independent Contractor, to immediately terminate this Contract without damage, penalty, cost, or expense to MDHS of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.

15. **Price Adjustment.**

A. **Price Adjustment Methods.** The Contract price may be changed only by written agreement of the parties. The value of any work covered by any claim for increase or decrease in the Contract Price shall be determined by one or more of the following methods:

(1) Unit prices, if any, previously approved by the parties and specified in this Contract; or

(2) MDHS may, at any time by written order, make changes in the specifications within the general scope of this Agreement. If any such change causes an increase in the amount due under this Contract or in the time required for performance under this Agreement and if MDHS decides that the change justifies an adjustment to the Contract, an equitable adjustment in the Contract may be made by written modification of this Agreement.

No charge for any extra work or material will be allowed unless the same has been provided for by written amendment to this Contract signed by both parties.

B. **Submission of Cost Pricing Data.** The Independent Contractor shall provide cost or pricing data for any price adjustments subject to the provisions of Section 3-403 (Cost or Pricing Data) of the Mississippi Personal Service Contract Procurement Regulations.

16. **Indemnification.** MDHS shall, at no time, be legally responsible for any negligence or wrongdoing by the Independent Contractor and/or its employees, servants, agents, contractors,

and/or subcontractors. Independent Contractor agrees to indemnify, defend, save and hold harmless MDHS from and against all claims, demands, liabilities, suits, damages, and costs of every kind and nature whatsoever, including court costs and attorney's fees, arising out of or caused by Independent Contractor and its employees, agents, contractors, and/or subcontractors in the performance of this Contract.

17. **Insurance.** Independent Contractor shall maintain workers' compensation insurance which shall inure to the benefit of all Independent Contractor's personnel performing services under this Contract, comprehensive general liability insurance, and employee fidelity bond insurance. Independent Contractor shall furnish MDHS a certificate of insurance providing the aforesaid coverage, prior to the commencement of performance under this Agreement.

18. **Applicable Law.** The contract shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of laws provisions, and any litigation with respect thereto shall be brought in a court of competent jurisdiction, Jackson, Hinds County, Mississippi. The Independent Contractor shall comply with applicable federal, state and local laws and regulations.

19. **Representation Regarding Contingent Fees.** The Independent Contractor represents that it has not retained a person to solicit or secure a State contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the Independent Contractor's bid, proposal, or herein.

20. **Certification of Independent Price Determination.** The Independent Contractor certifies that the prices submitted in response to the solicitation have been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other competitor relating to those prices, the intention to submit a quote, bid, or proposal or the methods or factors used to calculate the its prices.

21. **Representation Regarding Gratuities.** The Independent Contractor represents that neither it nor any officer, employee, agent, subcontractor or other representative of the Independent Contractor has violated, or is violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Personal Service Contract Procurement Regulations.

22. **Procurement Regulations.** The Contract shall be governed by the applicable provisions of the Personal Service Contract Review Board Regulations, a copy of which is available for inspection at 210 East Capitol Street, Suite 800, Jackson, Mississippi 39201, or downloadable at www.mspb.ms.gov.

23. **Severability.** If any term or provision of this Contract is prohibited by the laws of the State of Mississippi or declared invalid or void by a court of competent jurisdiction, the remainder of this Contract shall not be affected thereby and each term and provision of this Contract shall be valid and enforceable to the fullest extent permitted by law.

24. **Stop Work Order.**

A. **Order to Stop Work.** The Division of Family & Children's Services, may, by written order to the Independent Contractor at any time, and without notice to any surety, require the Independent Contractor to stop all or any part of the work called for by this Contract. This order shall be for a specified period not exceeding 90 days after the order is delivered to the Independent Contractor, unless the parties agree to any further period. Any such order shall be identified specifically as a stop work order issued pursuant to this clause. Upon receipt of such an order, the Independent Contractor shall forthwith comply with its terms and take all steps to minimize the occurrence of costs allocable to the work covered by the order during the period of work stoppage. Before the stop work order expires, or within any further period to which the parties shall have agreed, the Division of Family & Children's Services shall either:

(1) cancel the stop work order; or

(2) terminate the work covered by such order as provided in the "Termination for Cause" clause or the "Termination for Convenience" clause of this Contract.

B. **Cancellation or Expiration of the Order.** If a stop work order issued under this clause is canceled at any time during the period specified in the order, or if the period of the order or any extension thereof expires, the Independent Contractor shall have the right to resume work. An appropriate adjustment may be made in the delivery schedule or Independent Contractor's price, or both. If the stop work order results in an increase in the time required for, or in the Independent Contractor's cost properly allocable to, the performance of any part of this Contract and the Independent Contractor asserts a claim for such an adjustment within 30 days after the end of the period of work stoppage, an equitable adjustment in the Contract may be made by written modification of this Contract. If MDHS decides that the need justifies the requested adjustment, a modification will be made as provided by Section 11, Modification or Amendment, of this Contract.

C. **Termination of Stopped Work.** If a stop work order is not canceled and the work covered by such order is terminated for cause or convenience, the Independent Contractor may be paid the agreed upon price for any completed deliverable or service not previously tendered to MDHS, provided that MDHS accepts any such deliverable or service; or Independent Contractor may be paid an amount which bears the same ratio to the total compensation as the services actually and satisfactorily performed bear to the total services of Independent Contractor covered by the Contract, less payments of compensation previously made.

D. **Adjustment of Price.** Any adjustment in Contract price made pursuant to this clause shall be determined in accordance with the Price Adjustment clause of this Contract.

25. **Disputes.** Any dispute concerning a question of fact under this Contract which is not disposed of by agreement shall be decided by the Director of the Division of Family & Children's Services. This decision shall be reduced to writing and a copy thereof mailed or furnished to the Independent Contractor and shall be final and conclusive, unless within thirty (30) days from the date of the decision, Independent Contractor mails or furnishes to the Executive

Director of MDHS a written request for review. Pending final decision of the Executive Director of a dispute hereunder, the Independent Contractor shall proceed in accordance with the decision of the Director of the Division of Family & Children's Services.

In a review before the Executive Director or designee, the Independent Contractor shall be afforded an opportunity to be heard and to offer evidence in support of its position on the question and decision under review. The decision of the Executive Director on the review shall be final and conclusive unless determined by a court of competent jurisdiction in Hinds County, State of Mississippi, to have been fraudulent, capricious, so grossly erroneous as necessarily to imply bad faith, or is not supported by substantial evidence.

26. **Compliance with Laws.** The Independent Contractor understands that the State is an equal opportunity employer and therefore maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, genetic information, or any other consideration made unlawful by federal, State, or local laws. All such discrimination is unlawful and the Independent Contractor agrees during the term of the agreement that the Independent Contractor will strictly adhere to this policy in its employment practices and provision of services. The Independent Contractor shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, as now existing and as may be amended or modified.

27. **Confidentiality.** Independent Contractor shall treat all State data and information to which it has access under this Contract as confidential information to the extent that confidential treatment of same is required under federal and state law and shall not disclose same to a third party without specific written consent of the State. In the event that Independent Contractor receives notice that a third party requests divulgence of confidential or otherwise protected information and/or has served upon it a subpoena or other validly issued administrative or judicial process ordering divulgence of confidential or otherwise protected information, Independent Contractor shall promptly inform the State and thereafter respond in conformity with such subpoena as required by applicable state and/or federal law, rules, and regulations. The provision herein shall survive termination of the Contract for any reason and shall continue in full force and effect and shall be binding upon the Independent Contractor and its agents, employees, successors, assigns, subcontractors, or any party claiming an interest in the Contract on behalf of, or under, the rights of the Independent Contractor following any termination.

28. **E-Verify.** Independent Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act, Mississippi Code Annotated 71-11-1 and 71-11-3, and will register and participate in the status verification system for all newly hired employees. The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Independent Contractor agrees to maintain records of such compliance and, upon request of the State, to provide a copy of each such verification to the State. Independent Contractor further represents and warrants that any person assigned to perform services hereunder meets the employment eligibility requirements of all immigration laws of the State of Mississippi. Independent Contractor understands and agrees that any breach of these warranties may subject Independent Contractor to the following:

(a) termination of this Agreement and ineligibility for any state or public contract in Mississippi for up to three (3) years, with notice of such cancellation/termination being made public, or (b) the loss of any license permit, certification or other document granted to Independent Contractor by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year, or both. In the event of such termination/cancellation, Independent Contractor would also be liable for any additional costs incurred by the State due to contract cancellation or loss of "license or permit."

29. **Special Terms and Conditions.** It is agreed and understood by each party to this Contract that there are no special terms and conditions.

30. **Entire Agreement.** It is understood and agreed that this Contract and the documents listed below constitute the entire understanding of the parties with respect to the subject matter contained herein and supersede and replace any and all prior negotiations, understandings and agreements, written or oral, between the parties relating thereto. The entire agreement made by and between the parties hereto shall consist of, and precedence is hereby established by the order of, the following documents incorporated herein:

1. This Contract signed by the parties herein and any Exhibits attached hereto;

2. The Request for Proposal provided by MDHS, dated December 1, 2015.

The documents are complementary, and what is required by one shall be binding as if required by all. A higher document shall supersede a lower order document to the extent necessary to resolve any conflict or inconsistency arising under the various provisions thereof; provided, however, that in no event an issue is addressed in one of the above-mentioned documents but is not addressed in another of such documents, no conflict or inconsistency shall be deemed to occur by reason thereof. The documents listed above are shown in descending order or priority, that is, the highest document begins with the first listed document ("1. This Contract signed by the parties herein and any Exhibits attached hereto") and the lowest document is listed last (2."The Request for Proposal provided by MDHS, dated December 1, 2015").

31. **Transparency.** This contract, including any accompanying exhibits, attachments, and appendices, is subject to the "Mississippi Public Records Act of 1983", codified as section 25-61-1 et seq., Mississippi Code Annotated and exceptions found in Section 79-23-1 of the Mississippi Code Annotated (1972, as amended). In addition, this contract is subject to the provisions of the Mississippi Accountability and Transparency Act of 2008 (MATA) codified as Section 31-7-13 of the Mississippi Code Annotated (1972, as amended). Unless exempted from disclosure due to a court-issued protective order, this contract is required to be posted to the Department of Finance and Administration's independent agency contract website for public access. Prior to posting the contract to the website, any information identified by the Independent Contractor as trade secrets, or other proprietary information including confidential vendor information, or any other information which is required confidential by state or federal law or outside the applicable freedom of information statutes will be redacted.

32. **Notice.** Any notice required or permitted to be given under this Contract shall be in writing and sent by United States Certified Mail, Returned Receipt Requested to the party to whom the notice should be given at the address set forth below:

MDHS:
David A. Chandler, Executive Director
Division of Family & Children Services
Post Office Box 352
Jackson, Mississippi 39205

SUNNYBROOK CHILDREN'S HOME:
Rob Salley, Chief Executive Officer
Sunnybrook Children's Home, Inc.
Post Office Box 4871
Jackson, Mississippi 39296

IN WITNESS WHEREOF, this Contract has been made and interchangeably executed by the parties hereto in duplicate originals.

Witness my signature this, the 24th day of February, 2016

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

BY: _____
Signature ***(NO STAMPED SIGNATURE)***

Printed Name and Title: Ginger Gilson, DFCS Senior Attorney

WITNESSES:

_____

_____

Witness my signature this, the 17th day of February, 2016

SUNNYBROOK CHILDREN'S HOME, INC.

BY: _____
Signature ***(NO STAMPED SIGNATURE)***

Printed Name and Title: Rob Salley, Executive Director

WITNESSES:

_____

_____

EXHIBIT A
SCOPE OF SERVICES

Sunnybrook Children's Home, Inc.
Group Home Care Services
March 1, 2016 – February 28, 2017
Scope of Services

All services provided shall comply with all applicable federal and State of Mississippi laws, and regulations, as now existing and as may be amended or modified.

The goal for children in Group Home Care is lasting permanency through reunification, relative care, adoption, or guardianship. The purpose of Group Home Care is to provide an environment and services that will help children and their families develop the necessary skills to support lasting permanency.

The Group Home shall provide services to help children and youth return to their families, transition to a less restrictive setting, or to independent living. These services shall include but are not limited to:

1. Work with DFCS staff to develop an initial strengths and needs assessment and participate in treatment plan family team meetings and discharge plan family team meetings for each child placed with the Provider.

2. Allow and encourage children and youth to engage in age appropriate community and school based extracurricular activities of their choosing.

3. Work with children and youth and their permanent families to develop skills that will help support the goal of lasting permanency.

4. Work with children and youth to develop age appropriate independent living skills:
    a. Provide support for actions and goals set out in the youth's DFCS Independent Living Plan and/or Transitional Living Plan (to be provided to the Provider by the youth's DFCS worker).
    b. Help the youth attain educational goals, including graduation from high school with opportunities for higher education or vocational training.
    c. Help the youth to secure meaningful employment and a steady source of income.
    d. Ensure the youth has access to health care services.
    e. Provide the youth with opportunities to develop permanent connections within the community.

I. LICENSURE

All Group Home Care requires a current license by the Mississippi Department of Human Services/Division of Family and Children Services (DFCS). All contractors shall meet all requirements contained in ***Licensing Requirements for Residential Child Caring Agencies and***

Child Placing Agencies (Licensing Requirements). Contractors shall have access to, shall follow practice guidelines, and shall assist DFCS in meeting requirements contained in the MDHS/DFCS policy manual, which can be accessed online at www.mdhs.state.ms.us/family-childrens-services/dfcs-policy.

If the Provider is not yet licensed by DFCS, proof of application may be submitted in conjunction with the response to this request for proposals. If a contract is awarded, the Provider must be fully licensed by DFCS within one hundred twenty (120) days of the award date or the contract will be considered void. No children will be placed with the Provider under this contract until the Provider is fully licensed.

II. STAFFING AND PERSONNEL

The Provider shall show documentation of both direct care and professional staff on shifts around the clock in accordance with DFCS Licensing Requirements.

In addition to the Licensing Requirements, the Provider shall include a plan to ensure all staff persons are appropriately trained in:

1. Trauma based practices
2. Individualized prevention strategies to prevent trauma and emotional triggers
3. Individualized interventions to de-escalate psychological and emotional crises
4. Plans to utilize child and their family's unique coping strategies
5. Individualized interventions to address grief and loss a child experiences when removed into MDHS custody or when moved from one placement to another
6. The Mississippi Family Centered Practice Model

    a) Designate staff to attend a three day orientation (train the trainer) around Mississippi's Family Centered Practice Model for all administrative and clinical staff that will be scheduled in the first half of 2016 and be offered by DFCS
    b) After the initial training, DFCS will offer one (1) additional training each year for new Provider staff

III. DESCRIPTION OF SERVICES

The Group Home Program shall be designed to provide services to children and youth in MDHS custody ages ten (10) to twenty (20) years (or until the twenty first (21st) birthday if custody has been extended by the court). Group Homes may serve children younger than ten (10), upon written approval by the Regional Director, when they are siblings of a resident over age ten (10).

A. General Requirements

1. Services shall be provided in the least restrictive environment that is appropriate to the individual child's strengths and needs.
2. Services must reflect practice that is culturally responsive and designed to provide for the unique needs of each child.

3. Provider shall not discriminate against a child in its care based on gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.
4. Provider shall be actively engaged in preserving connections and relationships for children with their families of origin.
5. Medical, dental and mental health needs shall be addressed by the Provider for every child in custody of MDHS admitted to group home program.
6. The Provider shall be responsible for ensuring each child placed receives:
    a. An initial medical exam within seventy-two (72) hours of a child coming into MDHS custody and a comprehensive medical exam within thirty (30) days of a child coming into MDHS custody. The admission packet of the Provider should be designed to capture this information and DFCS county staff will be expected to inform Provider staff when the child came into custody. Both the initial and comprehensive exam may take place during the same medical appointment.
    b. Ongoing routine medicals shall be obtained for each child by anniversary date of child's timely initial medical exam.
    c. Every child three years old and older shall receive a dental examination within ninety (90) calendar days of foster care placement and every six months thereafter. Every foster child who reaches the age of three in care shall be provided with a dental examination within ninety (90) calendar days of his or her third birthday and every six (6) months thereafter.
    d. The Provider shall secure mental health assessments on all children age four (4) and above within thirty (30) days of the date of custody if child has not received one already.
    e. The Provider shall be responsible for ensuring all children receive ongoing mental health assessments and identified mental health services are put into place as necessary.
    f. Developmental assessments will be secured for all children ages zero to three (0-3) and for children older than three (3) when there is suspicion of any developmental delays.
    g. The Provider shall maintain an immunization schedule meeting the health needs of the child and the requirements of the State Department of Health as necessary.
    h. Medicaid providers shall be sought for all medical, dental, and mental services.
    i. Medications will be administered and monitored by assigned staff of the Provider in accordance with Licensure Standards.
    j. Administration of psychotropic medications requires a written authorization from the County of Responsibility.
7. The Provider shall send documentation of and from all medical, dental and mental health examinations or assessments to the child's DFCS worker within seventy hours (72) of receipt. Additionally, the DFCS worker shall be notified of all written and/or verbal recommendations for care immediately.

8. An inventory of all personal property of the child shall be completed by the Provider and DFCS staff at the time of admission and upon discharge. The Provider and DFCS staff must verify at admission and upon discharge the items the child is bringing to or taking from the Provider. Re-placement clothing will be provided by the DFCS County of Responsibility as needed.
9. Hygiene supplies shall be provided through the per diem rate by the Provider.
10. Any injury to a child shall be documented along with any subsequent treatment. The child's DFCS worker shall be notified immediately of minor or serious injuries and of the treatment required and/or received. Parental notification of serious injuries or treatment shall be made immediately by the child's DFCS worker. Any injury or other serious incidents shall be reported verbally and followed up in writing by the Provider to the DFCS Congregate Care Director.
11. All photographs including videos, media presentations, and publications require an Order of Limited Disclosure from child's Youth Court Judge that will be obtained by the child's DFCS worker. In addition, written consent shall be obtained from the DFCS County of Responsibility, the child, the primary caregivers, if available, and the Guardian Ad Litem.
12. In the event that the child runs away, is placed in a detention center or a hospital (acute or residential), or placed in any other emergency facility, the Provider shall immediately notify verbally and in writing: the DFCS Director of Congregate Care, County Social Worker, DFCS Nurse Supervisor, and law enforcement, if applicable. Additionally, the Provider shall work with DFCS staff to ensure that connections are maintained with the child (unless on runaway status) until they are able to return to a more permanent placement.
13. Family counseling/therapy, therapeutic support and family visits shall not be contingent on the child's behavior and cannot be denied to the child as part of any discipline.

B. Child and Family Initial and Ongoing Strengths and Needs Assessment

1. The Provider shall develop strategies and services to assist DFCS with an initial strengths and needs assessment to be incorporated into the DFCS Comprehensive Family Assessment, on each child/sibling group that will contain information concerning each child's permanency plan (upon determination by DFCS or Youth Court Judge), gather information that will aid DFCS in diligent search of relatives and permanent connections, and any other pertinent information needed to promote the safety and permanency of the child. This includes input from the child's parents and extended family.
2. The Provider shall coordinate with DFCS to ensure participation by its staff with developing and updating the initial strengths and needs assessment.
3. The strengths and needs assessment should include the following types of information:
    a. A list of important connections in the child's life and potential for strengthening those connections into relationships that would lead to permanency for children in foster care;

b. A description of the child's general physical and presenting mental health status at the time of placement and on an on-going basis;
c. If applicable, it should include a substance abuse evaluation: substance abuse/use by description of patterns of use: how much, how often and anything learned concerning history and age at onset;
d. Treatment goals needed to transition to permanency when appropriate;
e. Medical history that includes medical problems, alerts, present medications, and medication history of the child and parents;
f. Special dietary needs of the child;
g. A general evaluation regarding the child's/youth's functioning in the domains of community living or family support;
h. Family status and involvement;
i. Risk factors for suicide, runaway, violence, or sexual behaviors;
j. An assessment or review of strengths, personal goals, and projected needs for child and parent;
k. A history of the child's educational achievements and areas of concern or needs;
l. Assessment of whether the child is currently eligible for special education services
m. Educational activities/status and interests;
n. A summary of the child's developmental abilities and areas of concern or needs;
o. A trauma history of significant traumatic events in the life of the child and family;
p. Description or explanation of trauma triggers;
q. Possible emotional or behavioral disruptions associated with these traumas;
r. A review of significant losses of important relationships or belongings of the child and the impact of that loss on the child;
s. Effective coping strategies the child engages to deal with these losses or the lack of coping strategies and possible triggers that may cause emotional and behavioral disruptions;
t. Child's desires, hopes, wishes and expressed goals for own life and permanent connections; and a
u. Summary of what the child enjoys doing and is good at doing.

C. Treatment Plan Family Team Meeting

1. The Provider shall initiate, schedule, and conduct a treatment plan family team meeting within the first seventy-two (72) hours of a child entering the Provider in order to begin gathering information for the strengths and needs assessment and the child and family treatment plan. This is separate from the DFCS Family Team Meeting to determine components of the Family Service Plan.
2. The Treatment Planning Family Team Meeting should address the initial strengths and needs assessment, past treatment history, time frames, roles and responsibilities, permanent plans for the child, court hearings, visitation schedules, medical needs, dental needs, mental

health needs, developmental abilities, family and child's strengths, coping mechanisms, behavioral challenges and trauma, grief and loss history, education history.

3. During the first thirty (30) days of a child's placement, Treatment Plan Family Team Meetings should take place weekly. After the first thirty (30) days, these meetings should be held at least monthly.
4. The Treatment Plan Family Team Meeting may be conducted in person or over the phone.
5. The Treatment Plan Family Team shall include, unless determined to be inappropriate by the DFCS County of Responsibility:
    a. DFCS County of Responsibility
    b. Child when age appropriate
    c. Birth parents, resource parents, and/or primary caregiver, as appropriate
    d. Potential relative placements
6. The Treatment Plan Family Team Meeting may also include, subject to appropriateness and availability:
    a. Important connections
    b. DFCS Educational Liaison
    c. DFCS Independent Living Coordinator
    d. DFCS Treatment Navigators
    e. DFCS County of Service
    f. DFCS Nurses
    g. Guardian Ad Litem
    h. Other Service providers, including:
        i. School Officials
        ii. Mental Health Therapist
        iii. MAP Team Coordinators
        iv. Mobile Crisis Unit
        v. Medical Staff
        vi. Other placement providers when a child is coming from another facility or is transferring to another facility
7. The DFCS County of Responsibility shall provide names and contact information for required and optional attendees.
8. The Provider shall document efforts to notify required and optional attendees. In the event that all parties who were scheduled to attend do not, the Provider shall conduct the meeting and provide written updates to the parties that were not able to attend.

D. Individualized Treatment Plans

1. The Provider shall assist DFCS workers to develop and initiate individualized treatment plans to be incorporated into the DFCS Family Service Plan for each child and family that is specific to that child's strengths, needs, and permanency plan.
2. The Provider in conjunction with the child's Family Team, as defined above, shall develop strategies that allow for comprehensive individualized treatment planning for the child and

their family when the plan is reunification, helping to identify a prospective family when the plan is for adoption, or identifying the next best placement for the child.

3. The initial treatment plan shall be completed within thirty (30) days of admission to the program and will be updated on an ongoing basis. The treatment plan must include the participation of Child's Family Team, as outlined above, and shall be approved and signed by the all participants.
4. The individualized treatment plan shall include:
    a. Plan to prevent trauma triggers – each child's triggers and their unique ways of coping should be utilized to prevent unnecessary re-victimization and trauma
        i. Child's current coping strategies should be used when reasonable – for instance if the child listens to music to calm down, the child's music should be made available and not taken away as a form of punishment.
    b. Plan to improve the child's capacity for emotional regulation and his or her coping mechanisms by providing opportunities and activities to promote both emotional regulation and coping, such as:
        i. Journaling, Music Therapy, Art Therapy, Martial Arts, Yoga, Sensory Integration, Breathing techniques, Animal Assisted Therapy, Hypnotherapy, Eye Movement Desensitization and Reprocessing are just a few evidenced based emotionally regulating activities. Several of these are free and can be implemented by the Provider. Others are Medicaid reimbursable, while the other may be accessed through partnerships in the community.
    c. It must address the trauma, grief and loss associated with children entering the foster care system.
    d. Protective and risk factors in parents – identifying the parent's protective and risk factors to develop a strengths based plan for reunification
    e. Child and family strengths
    f. Unique/individualized needs of child and their family
    g. Treatment goals that address the child's permanent and concurrent plan, as developed by DFCS
    h. Plans to address mental health related behaviors, including individual, group and family therapy or wrap around services as needed
        i. Treatment goals established by the Provider and the mental health provider need to be made in conjunction with the child and family's permanency plan. Conflicting or separate goals can lead to unplanned discharges and delayed permanency.
    i. Crisis intervention plans to prevent placement disruption including the utilization of - MAP Team wrap around services, Mobile Crisis Services, or interagency wrap around support and crisis intervention strategies
    j. Education/Vocational

i. Services that would inform, update, or initiate an Individualized Educational Plan when needed and enroll a child into appropriate classes.
ii. Plans for transitions into other school districts or settings.
iii. Surrogate parents are needed for every child in special education. If possible, it is hoped that parents or relatives can serve as a surrogate parent as required by the Department of education. If these persons are not available, Federal Law prohibits public State Child Welfare Agency personnel from serving as a surrogate parent. A Provider staff member shall be required to serve as needed in the role of surrogate parent for special needs children placed in the Provider's program.

k. Developmental goals to help the child achieve age appropriate developmental milestones
l. Individualized plans for treating children with intellectual and developmental delays
m. Health – Medical/Dental
n. Medical necessities and medication management
o. Alcohol and drug awareness and education as needed
p. Coordination of alcohol and drug treatment as needed
q. Social/Independent Living (youth 14 and over)
    i. Independent living skills needed and strategies the Provider has to assist in the development of those skills in the youth while also taking advantage of those offered through DFCS' Contract Independent Living Skills Provider.
r. Maintaining permanent connections
    i. The identification of family supports and important connections of the child and engaging those connections.
    ii. Important connections can be familial or others who care about the child and family.
    iii. Plans of integrating the child back into the biological family (reunification) or into an identified foster or adoptive home (including relative and non-relative).
    iv. Visitation between the child and their family and siblings, including face to face visits, phone calls and other correspondence such as Skype, Facebook, etc. (These should be done in accordance to DFCS policy regarding family visitation). Children cannot be denied visitation for any reason (except in the case of a no contact order). Children's visitation with family is the child's right and shall not be used as an incentive or consequence in disciplinary actions.
    v. Reunification strategies.
    vi. Foster parent or relative recruitment strategies.
s. Recreation

i. Plans for fun activities that would include family, siblings and others to build connections and relationships and add "normalcy" to the child's life.

E. Emergency Services

1. The Provider must have an emergency protocol, including a protocol for responding to behavioral based emergencies, to include contacting mobile crisis units for assessments and interventions to prevent placement disruptions if possible.
2. In case of medical or other type of emergencies, the Provider must provide respondents with immediate access to relevant information in the child/youth's record.

F. Discharge Planning

1. Every child shall have a planned transition to the next best placement.
2. Successful discharge planning may result a child going to live with a relative with needed support, going to adult services provided through the Department of Mental Health, going to college, being reunified with his or her family or being adopted. An unsuccessful discharge is an exit to a higher level of care, another agency of the same level of care, homelessness, runaway without readmission, and detention or jail without return to the program.
3. Punitive discharges shall not be allowed (discharges cannot be used as punishment for child's behavior).
4. The Provider shall schedule, initiate, and conduct the first Discharge Planning Family Team Meeting for the successful transition of the child back into their family or the identified next best placement within fourteen (14) days of the placement.
5. The final planned discharge meeting must be held two weeks prior to the child's discharge from the Provider.
6. The purpose of this meeting will be to discuss:
    a. Treatment progress as reported by mental health Provider
    b. Progress needed toward other goals
    c. Educational transition
    d. Medication management/needs
    e. Medical history and current physical health and needs
    f. Upcoming appointments
    g. Special dietary needs
    h. Trauma triggers
    i. Social, emotional and behavioral issues
    j. Child's interests
    k. Important connections
    l. Coping strategies
    m. Tangible needs
    n. Roles and responsibilities of each Team member in the transition process

7. This discharge plan will be provided in writing to all members within 48 hours of the meeting.
8. These meetings can take place in person or via conference call.
9. There should be a signature page for each treatment team meeting. The signatures account for attendance as well as agreement of the discussion and changes in the plan.
10. The Discharge Planning Family Team Meeting shall include, unless determined to be inappropriate by the DFCS COR:
    a. DFCS County of Responsibility
    b. Child when age appropriate
    c. Parents of the child
    d. Potential relative placements
11. The Discharge Plan Family Team Meeting may also include, subject to appropriateness and availability:
    a. Important connections
    b. DFCS Educational Liaison
    c. DFCS Independent Living Coordinator
    d. DFCS Treatment Navigators
    e. DFCS County of Service
    f. DFCS Nurses
    g. Guardian Ad Litem
    h. Other Service Providers, including:
        i. School Officials
        ii. Mental Health Therapist
        iii. MAP Team Coordinators
        iv. Mobile Crisis Unit
        v. Medical Staff
        vi. Other placement Providers when a child is entering from another facility or is transferring to another facility

G. Placement Disruption

1. No child shall be ejected from placement based on behaviors, unless it is deemed medically necessary that they go into a higher-level psychiatric treatment facility or unless the child presents an immediate threat of harm to himself or others. The Provider shall put forth all efforts to prevent this disruption, including utilizing MAP Teams, local and statewide wrap around services and Mobile Crisis Units. Immediate removal may occur if child is a threat of harm to self or others.
2. The Provider shall schedule a Discharge Family Team meeting any time it has an indication that the placement may be in danger of disrupting
3. In the event that a child may need a higher level of care than the Provider can provide and the Provider has put forth all efforts to prevent the placement from disruption, an

emergency Discharge Family Team Meeting must be held to determine the next best placement for the child.

4. Upon discharge from the higher level of care, the child shall return to the same Provider if placement is needed.
5. Unplanned discharge meetings may be held with a forty-eight (48) hour notice.

H. Runaways and Serious Incidents

1. In the event that the child runs away, the Provider shall immediately notify verbally and in writing: the DFCS Director of Congregate Care, County Social Worker, and law enforcement.
2. If a child causes injury to the Provider's staff or another resident of the Provider, the Provider shall notify the DFCS County Social Worker as well as the Congregate Care Unit and file charges with Law enforcement so that the matter can be brought before the judge of jurisdiction. Payments shall not be made for the night child is absent due to runaway status. Termination will be considered after child has not been located in seven (7) calendar days.

IV. Reporting

DFCS has identified the following Key Performance Indicators (KPI's) that will be monitored, though not incentivized, as it relates to improving outcomes for Mississippi children and families. These six priority areas are reflective of key practices and services that have a direct link to the achievement of outcomes that will be the focus of the Mississippi Performance Based Contracting model.

The Provider will be expected to submit the required data monthly on a web tool to be designed by DFCS prior to contract start date.

The five (5) areas the Provider will be expected to collect data on are as follows:

1. Regular Treatment Planning Family Team Meetings and Discharge Family Team Meetings

Data regarding the frequency of Treatment Planning Family Team Meetings and Discharge Family Team Meetings and attendance by Provider staff at MDHS scheduled Family Team Meetings and Foster Care Reviews for children placed in the Provider's care will be collected on an ongoing basis and will help inform the degree to which the Provider is actively engaged in case planning with the child and family.

2. Facilitation by the Provider of frequent and consistent in-person visits between children in care and their parents and siblings

Data regarding the frequency of parent/child visits and sibling visits for children placed in the Provider's care will be collected from the Provider to measure the extent to which the Provider is

actively engaged in preserving connections and relationships for children with their families of origin.

3. **Ensuring the completion of initial physical, developmental and mental health assessments by the** Provider **for children in care in a timely manner**

Data will be collected from the Provider as to the timely assessments for children under their care for:

a. Initial (72 hour) medical assessments
b. 30 day comprehensive medical exams
c. Ages 0-3 developmental assessments
d. Ages 4 and up mental health assessments
e. School-age 30 day educational assessments
f. 90 day dental exams

4. **Prevention of unplanned placement discharges**

Data will be collected from the Provider on an ongoing basis for those children under their care for whom they have:

a. Requested a Discharge Planning Family Team
b. Requested removal (with 2 weeks' notice/without 2 weeks' notice)
c. Discharged under unplanned circumstances
d. Discharged to a less restrictive placement
e. Discharged to a more restrictive placement

5. **Preparing Older Youth for Independence**

Data will be collected from the Provider on an ongoing basis for those youth ages 14 and up, under their care as to:

a. Support of actions and goals set out in the youth's DFCS Independent Living Plan and/or Transitional Living Plan (to be provided to the Provider by the youth's DFCS worker)
b. Support to help youth attain educational goals, including graduation from high school with opportunities for higher education or vocational training
c. Support to secure for youth meaningful employment and a steady source of income
d. Support to ensure the youth has access to health care services
e. Permanent connections the youth has developed within the community

V. Appeals procedures

The Department recognizes that in order to hold the Provider accountable for the outcomes of stability, permanency, and reentries, it will need to develop a timely, formal process where the Provider can bring any grievances related to case-specific practice.

Even though there will be a formal grievance process, the Department expects its county staff, state office staff, and the Provider to work to resolve any differences through consistent informal communications prior to beginning any of the formal procedures outlined below.

1. **There are two (2) situations where the** Provider **may institute the formal appeals process:**
    a. Placement or treatment decision is a threat to the safety of the child
    b. Placement or treatment decision is in opposition to the child's permanency plan

2. **The formal appeal process consists of three steps:**
    a. Case Conference

The first step in resolving disagreements about case decisions is to hold a case conference with the DFCS caseworker and supervisor, Provider caseworker and supervisor. Both the DFCS County of Service and County of Responsibility should be included. All parties should document the case conference in their respective files. If still dissatisfied, the Provider must request the regional conference immediately.

b. Regional Conference

The second step in resolving a disagreement that cannot be resolved by a case conference is to hold a regional conference with the Regional Director. The Provider caseworker, supervisor and director should be present. The DFCS caseworker and supervisor must abide by the decision of the Regional Director. The Regional Director will provide a written response to be documented by all parties in their respective files.

c. State Office Review

If the Provider is not satisfied with the Regional Director's decision, the Provider may appeal the decision to the DFCS State Office case review committee. The case review committee will consist of DFCS Director or Designee, DFCS Field Operations Director or Designee, and the Bureau Director or designee most closely related to the cause of disagreement. The case review committee can meet face-to-face or by conference call, at the discretion of DFCS. The case review committee must include at least two of the above mentioned positions. Documentation from all parties involved in Step 1 and Step 2 shall be submitted to the Case Review Committee. The DFCS caseworker, supervisor, regional director and the Provider caseworker, supervisor, and director should be at the meeting or on the call to present their case and respond to questions from the committee. The case review committee will have the final word in case decisions. The case review committee will provide written documentation of the decision to DFCS staff and Provider staff for their respective files.

For each level of the formal appeals process, Provider must request and DFCS must schedule and hold the appropriate conference or review within forty-eight (48) hours, excluding holidays and weekends, of the conclusion of the prior step.

VI. Performance Measures

1. Definitions

- **Exits to Permanency -** All exits from state custody that are intended to provide the child with a stable, permanent family: reunification, guardianship and adoption.
- **Non-permanent Exits** – All exits from a Provider (e.g., aging out, runaway) that are not permanent.
- **Transfer Exit** – Exit from a Provider's custody to a placement location elsewhere in the state.
- **Re-entries** – Any child that has a permanent exit (reunification or guardianship) from care and returns to custody within 365 days of their exit.
- **Lasting Permanency** – All exits to permanency minus reentries for a period of one year after exit to permanency.
- **In Care Population** – The population in care as of January 1, 2016.
- **Admission** -- Entry with a Provider that occurred during a fiscal year window. Children who have temporary episodes in alternative locations (e.g. acute care facility, or college) will have that time bridged if the episode is less than 14 days.
- **Baseline Exits to Permanency** – The number and percent of children, from the corresponding in care and admission populations, the Provider would be expected to exit from out-of-home care, within a specified fiscal year period, to permanency (as defined in this section).
- **Baseline Re-entries** – The number and percent of children discharged to permanency who may be expected to return to care, given historical performance. For purposes of estimating the reentry to care, return to out-of-home care means any child who returns to out of home care from a permanent exit (reunification or guardianship, whether the foster home is supervised by DFCS, or a private Provider). For purposes of calculating the re-entry rate, the base includes children discharged to permanency from either the in care or admission population within the fiscal year, who return to care with one year of their discharge to permanency.
- **Baseline Lasting Permanency** – The number of children, from the corresponding in care and admission populations, the Provider would be expected to exit from out-of-home care, within two calendar years, to permanency (as defined in this section) minus the number of re-entries divided by the total number of children served during the evaluation period.
- **Targeted Exits to Permanency** – The number and percent of children for whom the Provider can be projected to achieve a permanent exit, given that the goal for improvement in performance is met.
- **Targeted Re-entries --** The number and percentage of returns to out of home care after a successful exit to permanency within one fiscal year.
- **Target Lasting Permanency** - The percent of children for whom the Provider can be projected to achieve a lasting permanent exit, given the targeted improvement in exits to permanency and targeted reduction in re-entries.
- **Performance Period -** Period beginning on July 1, 2016 and ending on December 31, 2017 during which the Provider will be evaluated on performance measures.

2. Performance Evaluation

DFCS shall evaluate Provider performance in the following areas:

a) Permanent Exits

b) Re-entries after permanent exits

For the purposes of performance evaluation, the Provider will be evaluated on actual performance versus baseline performance (defined above) established at the beginning of the performance period and the targeted improvement identified below.

For a Provider who has never provided group home services, a baseline will be created from the average of all existing licensed group homes for the initial performance period. After the initial performance period, the Provider's baseline will become their own performance since the contract start date and any new Provider will be evaluated against that baseline in future renewals or new contracts.

For the July 1, 2016 – December 31, 2017 performance period, the targeted levels of performance improvement are as follows:

Outcomes	**Targeted Improvement**
Exits to permanency	+ 10% (ten percent more children will exit to permanency)
Re-entries	- 10% (ten percent fewer children will reenter care following permanent exit)

Performance will be evaluated at the conclusion of the two year performance period using the following framework:

$$\textbf{Targeted Lasting Permanency} = \frac{\text{(Targeted Exits to Permanency) - (Targeted Reentries)}}{\text{Total Baseline Children Served}}$$

$$\textbf{Actual Performance} = \frac{\text{(Actual Exits to Permanency) - (Actual Reentries)}}{\text{Total Children Served}}$$

Once actual and targeted performance has been established, as described above, Provider will potentially be eligible for an enhanced or premium rate for next contractual period based on Actual Performance compared to Baseline Lasting Permanency and Targeted Lasting Permanency:

	Less than Baseline Lasting Permanency	**Between Baseline and Target Lasting Permanency**	**Greater than Targeted Lasting Permanency**
Actual Performance	Base Rate	Enhanced Rate	Premium Rate

The Provider will be eligible for either the base, enhanced, or premium rate in in the subsequent contract renewal period or under a new contract pending the availability of funds in that State Fiscal Year.

VII. Funding

The "board payment" for foster children is determined by DFCS dependent upon the appropriation of the Mississippi Legislature.

Board payments for a child in foster care may cover the cost of (and the cost of providing) the following:

- Food
- Clothing
- Shelter
- Daily supervision
- School supplies
- A child's personal incidentals
- Liability insurance with respect to the child
- Reasonable travel to the child's home for visitation with family, or other caretakers
- Reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement

Local travel associated with providing the items listed above is also an allowable expense. In the case of child care institutions, such items must include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentences.

The base rate can be found in Section D.VIII.B. Resource Board Payment Schedule of the MDHS/DFCS Policy Manual.

Payments will be made based on the number of nights a child physically spends in the placement; 12:01a.m. will begin a new day. Board payments will not be paid for the placement from which a child is removed, when temporarily moved to another placement such as trial home placements, incarceration (jails or detention centers), medical and/or behavioral institutions, attending college and/or placed on runaway status; nor will payments be made in the event that the home's license lapses (Refer to the board payment exceptions following.).

Board Payment Exceptions to Overnight Visit(s) and Temporary Move(s)

When a Resource Home or Residential Provider has committed to the child(ren) returning to their home or Provider after an overnight visit, receiving respite, medical and/or behavioral treatment, a placement change in MACWIS will not be required if they meet the following criteria:

- If child is on an overnight visit or receiving respite, medical and/or behavioral treatment for 0-3 days (72 hours), prior approval from ASWS and RD shall be obtained in writing through e-mail and documented in MACWIS.
- If child is on an overnight visit or receiving respite, medical and/or behavioral treatment for more than 72 hours, but not more than 14 days, and will return to the resource placement or Provider, prior approval from ASWS, RD and Field Operations Director shall be obtained in writing through e-mail and documented in MACWIS.
- In the event of an extraordinary circumstance concerning a youth in custody, it may be brought to Executive management (Deputy Administrator, DFCS Director and/or Field Operations Director) for consideration. The extraordinary circumstance shall be staffed with ASWS and RD. Upon staffing, when determined that further review is appropriate, only then will the matter be brought to the attention of DFCS Executive management for consideration. The extraordinary circumstance and decision shall be obtained in writing through e-mail and documented in MACWIS.

EXHIBIT B

Modified Mississippi Settlement Agreement And Reform Plan

(See Mississippi Department of Human Services Website)
www.mdhs.state.ms.us

EXHIBIT C
BUDGET

SUNNYBROOK CHILDREN'S HOME
March 1, 2016 – February 28, 2017

RESOURCE BOARD PAYMENT SCHEDULE (EFFECTIVE JULY 1, 2013)

Age/Status	Board	Clothing	Allowance	Payment	(Per Diem)**
0-8	$574.90	$80.00	$30.00	$684.90	$22.83
9-15	$658.40	$80.00	$50.00	$788.40	$26.28
16-21	$721.60	$80.00	$60.00	$861.60	$28.72
Special Needs I	$792.70	$80.00	$30.00	$902.70	$30.09
Special Needs II	$854.50	$80.00	$30.00	$964.50	$32.15
Foster Teen Parent	$1296.50	$160.00	$90.00	$1546.50	$51.55

**Rates based on a 30 day month and shall be prorated by per diem. (A full month board payment for February will be slightly less and 31-day months will be slightly more.)

If the amount of board payment is based on age alone, this amount is determined by the age of the foster child on the first day of the month for which payment is being made; if necessary, an adjustment in the board rate will be made the following month, after the child's 9th or 16th birthday (MDHS/DFCS Policy Section D/Resource Board Payment Schedule, pages 137-138).

The budget is based on the age of the child(ren) as identified above and the total amount of this Contract will not exceed One Hundred Seventy Two Thousand Nine Hundred Thirty Six Dollars and Forty Six Cents ($172,936.46).

W-9

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Sunnybrook Children's Home, Inc.

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☑ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▷
☐ Other (see instructions) ▷

☑ Exempt payees

Address (number, street, and apt. or suite no.)
P.O. Box 4871

Requester's name and address (optional)

City, state, and ZIP code
Jackson, MS 39296-4871

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number
64-0427465

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▷ [signature] Date ▷ 3/30/15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

E-VERIFY

E-Verify

Company ID Number: 511421

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Sunnybrook Childrens Home, Inc. (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.

2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.

3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed

by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and

Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

• If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

• If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo

and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between $550 and $1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer

uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-

Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States,

whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with

Company ID Number: 511421

Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it

determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

Company ID Number: 511421

ARTICLE IV

SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

Company ID Number: 511421

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

E-Verify

Company ID Number: 511421

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Sunnybrook Childrens Home, Inc.	
Donna Washington	
Name (Please Type or Print)	Title
Electronically Signed	02/27/2012
Signature	Date

Department of Homeland Security – Verification Division	
USCIS Verification Division	
Name (Please Type or Print)	Title
Electronically Signed	02/27/2012
Signature	Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	Sunnybrook Childrens Home, Inc.
Company Facility Address:	222 Sunnybrook Road
	Ridgeland, MS 39157
Company Alternate Address:	P. O. Box 4871
	Jackson, MS 39296-4871
County or Parish:	MADISON
Employer Identification Number:	640427465

E-Verify

Company ID Number: 511421

North American Industry Classification Systems Code:	624
Administrator:	
Number of Employees:	20 to 99
Number of Sites Verified for:	1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

- MISSISSIPPI 1 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Rosalind Seabrook		
Telephone Number:	(601) 856 - 6555 ext. 102	Fax Number:	(601) 856 - 6520
E-mail Address:	rseabrook@sunnych.net		
Name:	Donna Washington		
Telephone Number:	(601) 856 - 6555 ext. 101	Fax Number:	(601) 856 - 6520
E-mail Address:	dwashington@sunnych.net		
Name:	Amy Guth		
Telephone Number:	(601) 856 - 6555 ext. 110	Fax Number:	(601) 856 - 6520
E-mail Address:	aguth@sunnych.net		

INSURANCE INFORMATION

SUNCH

ACORD™ INSURANCE BINDER

DATE 12/17/15

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER	PHONE (A/C, No, Ext): 601-948-2900 FAX (A/C, No): 6013553227	COMPANY	BINDER #
Ross & Yerger Insurance, Inc. P.O. Box 1139 Jackson, MS 39215		Philadelphia Indemnity Ins. Company	PHUB525072

EFFECTIVE DATE	EFFECTIVE TIME		EXPIRATION DATE	EXPIRATION TIME	
12/31/15	12:01	X AM / PM	01/31/16	X 12:01 AM / NOON	

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

CODE: SUB CODE:

AGENCY CUSTOMER ID: 26564

INSURED: Sunnybrook Children's Home, Inc.
P.O. Box 4871
Jackson, MS 39296-4871

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

Loc#1: 222 Sunnybrook Road, Ridgeland, MS 39157
Loc#2: 106 Dupuy Drive, Ridgeland, MS 39157
(See Special Conditions Below)

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS: DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS ☐ BASIC ☐ BROAD ☐ SPEC				
GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ ☐ CLAIMS MADE ☐ OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		$ $ $ $ $ $
AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		$ $ $ $ $ $ $ $
AUTO PHYSICAL DAMAGE DEDUCTIBLE ☐ COLLISION: ☐ OTHER THAN COL:	☐ ALL VEHICLES ☐ SCHEDULED VEHICLES	☐ ACTUAL CASH VALUE ☐ STATED AMOUNT ☐ OTHER		$
GARAGE LIABILITY ☐ ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		$ $ $
EXCESS LIABILITY X UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION		$ 1,000,000 $ 1,000,000 $
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		☐ WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		 $ $ $
SPECIAL CONDITIONS/ OTHER COVERAGES: Name Printed on DEC Page: Sunnybrook Children's Home, Inc. (See attached Spec Conditions/Other Covs page.)		FEES TAXES ESTIMATED TOTAL PREMIUM		$ $ $

NAME & ADDRESS

MS Department of Human Services
750 N. State St.
Jackson, MS 39202

☐ MORTGAGEE ☐ LOSS PAYEE X ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE
Dudley D. Wooley

© ACORD CORPORATION 1993

October 27, 2015

Rosalind Seabrook
Sunnybrook Children's Home, Inc.
PO Box 4871
Jackson, MS 39296-4871

RE: BCIC #196-25116

Dear Rosalind Seabrook:

Thank you for choosing Bridgefield Casualty Insurance Company for your workers' compensation coverage. Enclosed you will find your policy and account documents. Please review this information carefully, as some items may require action from you.

Your policy comes with many benefits and services, including those listed below. You can find information about these services and much more on our website, *summitholdings.com*.

- Online Business Center - allows you to check claims activity, view your policy details - including billing and mod information, submit required forms and more - anytime, anywhere
- Back2Work™ - Summit's return-to-work program, designed to help you get injured workers back on the job following work-related injuries. (On-site consultations from our Back2Work advisors are available upon request.)
- Drug-Free Workplace and Workplace Safety program assistance
- Safety education and training materials
- Claims services tailored to the specific needs of the business, including on-site investigations and assistance with employer/employee relations
- Proprietary medical provider network (contracted network in Arkansas and Texas)
- Medical cost containment and case-management services
- Fraud investigation
- Toll-free hotline to report injuries at 1-800-762-7811 (24 hours a day, 7 days a week)

Again, thank you for choosing Bridgefield Casualty as your workers' compensation provider. If you have questions about your policy or any of the services we provide, please contact your independent insurance agent or call our Customer Service department at 1-800-282-7648 or (863) 665-6060.

Sincerely,

Carol Sipe
President & CEO
Summit Consulting LLC
Managing General Agent

Please review the back page of this letter for notices specific to your policy.

cc: Ross & Yerger Insurance, Inc. - 6428

Posting Notice - Enclosed you will find a posting notice, which you are required by state law to display so that it can be readily seen by all employees. If you have more than one company location, you must display the notice in each location.

Your Premium Payments - Currently, your policy is scheduled for standard monthly invoicing via mail, but you may want to take advantage of our Electronic Transfer (E.T.) program. E.T. program participants not only save time, they also make no down payment (except for the expense constant). If you would like to participate in this program, please visit our website to print and complete an authorization form, or call customer service to discuss eligibility.

Employer Information - It's important that you report any changes to your employer information within 30 days of the change. These changes may include, but are not limited to, the name of the corporation, partnership, or sole proprietorship including the dba name; federal employer identification number (FEIN); addresses both mailing and physical; names and titles of corporate officers, partners and owners; ownership; and the addition or deletion of a location and/or entity.

Premium Credits - A premium credit of 5% is available to employers with an approved* drug-free workplace program. For more information on how to implement and receive approval for a drug-free workplace program, please call 1-800-282-7648 and ask for our Loss Control department (*Approval based on qualifications listed in Mississippi Code §§ 71-7-1 through 71-7-33. Drug-Free Workplace premium credit applications must be completed and filed annually with Bridgefield Casualty to continue these credits).

USL&H - Please note that you are not insured for United States Longshore and Harbor workers' compensation exposure by Bridgefield Casualty unless your policy is so endorsed.

Bridgefield Casualty Insurance Company®

A Member of Great American Insurance Group

A Stock Insurer • P.O. Box 988 • Lakeland, FL 33802-0988

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

Carrier code 34169

Policy number 196-25116

Item 1. Insured

Prior policy number

Name and Address: Sunnybrook Children's Home, Inc.
PO Box 4871
Jackson, MS 39296-4871

RISK I.D. 230175322

___ Individual X Corporation
___ Partnership ___ Subchapter "S"
___ Other

Other workplaces not shown above:
SEE EXTENSION OF INFORMATION PAGE ITEM 1

FEIN 64-0427465

Item 2. Policy period

From 12/31/15 to 12/31/16 12:01 a.m. standard time at the address of the insured as stated herein.

Item 3. Coverage

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Mississippi

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	$	1,000,000	each accident
Bodily Injury by Disease	$	1,000,000	each employee
Bodily Injury by Disease	$	1,000,000	policy limit

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
Alabama Arkansas Florida Georgia Kentucky Louisiana North Carolina South Carolina Tennessee Texas

D. This policy includes these endorsements and schedules:
SEE EXTENSION OF INFORMATION PAGE ITEM 3.D

Item 4. Premium

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis: Total Estimated Annual Remuneration	Rate Per $100 of Remuneration	Estimated Annual Premium
SEE EXTENSION OF INFORMATION PAGE ITEM 4				

Total Estimated Annual Premium $ 7,839.76

Minimum Premium $ 1,000.00

Expense Constant $ 180.00

Countersigned by _____ Date 10/21/15

6428 Ross & Yerger Insurance, Inc.

cmb Date Prepared: 10/21/15

WC 00 00 01 A (05/88)

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EXTENSION OF INFORMATION PAGE WC 00 00 01 A - ITEM 1

CARRIER: Bridgefield Casualty Insurance Company
P.O. Box 988
Lakeland, FL 33802-0988
(863)665-6060

AGENCY: Ross & Yerger Insurance, Inc. - 6428
P O Box 1139
Jackson, MS 39215
(601)948-2900

INSURED: Sunnybrook Children's Home, Inc.
DBA:
222 Sunnybrook Rd
Ridgeland, MS 39157-2205

POLICY NUMBER: 196 - 25116
POLICY PERIOD: 12/31/15 - 12/31/16

Other workplaces

Sunnybrook Children's Home, Inc.
222 Sunnybrook Rd
Ridgeland, MS 39157-2205
FEDERAL ID# 64-0427465
NONPROFIT CORPORATION

Sunnybrook Children's Home, Inc.
106 Dupuy Dr
Ridgeland, MS 39157-0000
FEDERAL ID# 64-0427465
NONPROFIT CORPORATION

Sunnybrook Children's Home, Inc.
114 Dupuy Dr
Ridgeland, MS 39157-0000
FEDERAL ID# 64-0427465
NONPROFIT CORPORATION

Sunnybrook Children's Home, Inc.
109 Dupuy Dr
Ridgeland, MS 39157-0000
FEDERAL ID# 64-0427465
NONPROFIT CORPORATION

Sunnybrook Children's Home, Inc.
119 Dupuy Dr
Ridgeland, MS 39157-0000
FEDERAL ID# 64-0427465
NONPROFIT CORPORATION

Sunnybrook Children's Home, Inc.
123 Dupuy Dr
Ridgeland, MS 39157-0000
FEDERAL ID# 64-0427465
NONPROFIT CORPORATION

Sunnybrook Children's Home, Inc.
132 Oak Hill Cir
Ridgeland, MS 39157-0000
FEDERAL ID# 64-0427465
NONPROFIT CORPORATION

Sunnybrook Children's Home, Inc.
136 Oak Hill Cir
Ridgeland, MS 39157-0000
FEDERAL ID# 64-0427465

Date Prepared: 10/21/15

EXTENSION OF INFORMATION PAGE WC 00 00 01 A - ITEM 1

CARRIER: Bridgefield Casualty Insurance Company
P.O. Box 988
Lakeland, FL 33802-0988
(863)665-6060

AGENCY: Ross & Yerger Insurance, Inc. - 6428
P O Box 1139
Jackson, MS 39215
(601)948-2900

INSURED: Sunnybrook Children's Home, Inc.
DBA:

POLICY NUMBER: 196 - 25116
POLICY PERIOD: 12/31/15 - 12/31/16

Other workplaces

NONPROFIT CORPORATION

Sunnybrook Children's Home, Inc.
134 Oak Hill Cir
Ridgeland, MS 39157-0000
FEDERAL ID# 64-0427465
NONPROFIT CORPORATION

Sunnybrook Children's Home, Inc.
138 Oak Hill Cir
Ridgeland, MS 39157-0000
FEDERAL ID# 64-0427465
NONPROFIT CORPORATION

Sunnybrook Children's Home, Inc.
140 Oak Hill Cir
Ridgeland, MS 39157-0000
FEDERAL ID# 64-0427465
NONPROFIT CORPORATION

Sunnybrook Children's Home, Inc.
312 Locust Ln
Madison, MS 39110-0000
FEDERAL ID# 64-0427465
NONPROFIT CORPORATION

Sunnybrook Children's Home, Inc.
3891 Highway 22
Flora, MS 39071-9506
FEDERAL ID# 64-0427465
NONPROFIT CORPORATION

EXTENSION OF INFORMATION PAGE WC 00 00 01 A - ITEM 3.D

CARRIER: Bridgefield Casualty Insurance Company
P.O. Box 988
Lakeland, FL 33802-0988
(863)665-6060

AGENCY: Ross & Yerger Insurance, Inc. - 6428
P O Box 1139
Jackson, MS 39215
(601)948-2900

INSURED: Sunnybrook Children's Home, Inc.
DBA:
222 Sunnybrook Rd
Ridgeland, MS 39157-2205

POLICY NUMBER: 196 - 25116
POLICY PERIOD: 12/31/15 - 12/31/16

Schedule of Endorsements

Form Number:	Edition:	Description:
WC 00 03 08	04-84	Partners, Officers and Others Exclusion Endt
WC 00 04 04	04-84	Pending Rate Change Endt
WC 00 04 06	08-84	Premium Discount Endt
WC 00 04 14	07-90	Notification of Change in Ownership Endt
WC 00 04 19	01-01	Premium Due Date Endt
WC 00 04 21 D	01-15	Catastrophe(Other Than Certified Acts of Terrorism
WC 00 04 22 B	01-15	Terrorism Risk Ins. Program Reauthorization Act Di
WC 99 03 03	11-11	Employers Liability Coverage Endt
WC 99 04 64	11-12	Non-Cooperation with Premium Audit Endt
WC 99 06 02	06-06	MS Cancellation Endt

EXTENSION OF INFORMATION PAGE WC 00 00 01 A - ITEM 4

CARRIER: Bridgefield Casualty Insurance Company
P.O. Box 988
Lakeland, FL 33802-0988
(863)665-6060

AGENCY: Ross & Yerger Insurance, Inc. - 6428
P O Box 1139
Jackson, MS 39215
(601)948-2900

INSURED: Sunnybrook Children's Home, Inc.
DBA:
222 Sunnybrook Rd
Ridgeland, MS 39157

POLICY NUMBER: 196 - 25116 0000
POLICY PERIOD: 12/31/15-12/31/16 12:01AM

PLAN: 010 - GUARANTEED COST

ESTIMATED PREMIUM

RATING PERIOD 12/31/15 **to** 12/31/16

WORK CODE	CLASSIFICATION	PAYROLL	RATE	PREMIUM
	MS-Mississippi			
8810	CLERICAL OFFICE EMPLOYEES NOC	385,493.00	.37	1,426.32
8842	GROUP HOMES ALL EMPLOYEES & S, D	317,811.00	3.34	10,614.89
	Total Manual Premium			12,041.21
	Increased Employer Liability 1,000,000/1,000,000/1,000,000			132.45
				12,173.66
	Experience Mod			.84
	Total Modified Premium			10,225.87
	Schedule Rating Credit-25%			-2,556.47
	Standard Premium			7,669.40
	Discount			-290.96
				7,378.44
	Expense Constant			180.00
	Terrorism			140.66
	Catastrophe Charge			140.66
	Policy Grand Total			**7,839.76**

Minimum Premium: $1,000.00

POLICY GRAND TOTAL IS SHOWN ON THE LAST PAGE OF THIS EXTENSION

cmb

Date Prepared: 10/21/15 **Time Prepared:** 08:22 AM MON

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

PLEASE READ THE POLICY CAREFULLY

A Member of Great American Insurance Group

PO Box 988 • Lakeland, FL 33802-0988

FOR INQUIRIES CALL: SUMMIT CUSTOMER SERVICE
1-800-282-7648 or (863) 665-6060
SUMMIT CLAIMS CENTER
To report Notice of Injury, call 1-800-762-7811

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY QUICK REFERENCE

Beginning on page

INFORMATION PAGE ..... Insert

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D. State 3
E. Locations 3

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PLEASE READ THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY CAREFULLY.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. **The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. **Who is Insured**

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. **Workers Compensation Law**

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. **State**

State means any state of the United States of America, and the District of Columbia.

E. **Locations**

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE
WORKERS COMPENSATION INSURANCE

A. **How This Insurance Applies**

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. **We Will Pay**

We will pay promptly when due the benefits required of you by the workers compensation law.

C. **We Will Defend**

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. **We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. **Other Insurance**

We will not pay more than our share of benefits and costs covered by this insurance and other

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insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. **Payments You Must Make**

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. **Recovery From Others**

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. **Statutory Provisions**

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
   a. benefits payable by this insurance;
   b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO
EMPLOYERS LIABILITY INSURANCE

A. **How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. **We Will Pay**

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against

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such third party as a result of injury to your employee;

2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. **Exclusions**

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651–1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901–944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. **We Will Defend**

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. **We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

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F. **Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. **Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

   A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

   Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. **Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. **Actions Against Us**

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE
OTHER STATES INSURANCE

A. **How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. **Notice**

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR
YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal

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papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE
PREMIUM

A. **Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. **Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. **Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. **Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. **Final Premium**

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancelation table and procedure. Final premium will not be less than the minimum premium.

F. **Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. **Audit**

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

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PART SIX
CONDITIONS

A. **Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. **Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. **Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. **Cancelation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancelation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancelation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancelation notice.
4. Any of these provisions that conflict with a law that controls the cancelation of the insurance in this policy is changed by this statement to comply with the law.

E. **Sole Representative**

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancelation.

Executed by the President of Bridgefield Casualty Insurance Company.

Carol Sipe

Carol Sipe

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PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule

Person	Title	State	Start Date	Stop Date
Sunnybrook Children's Home, Inc.				
Chuck Bearman	Treasurer	MS	12/31/2013	
Billy W. Long	President	MS	12/31/2013	
Greg Palmer	Secretary	MS	12/31/2013	
Calvin Seago	Vice President	MS	12/31/2013	

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: October 21, 2015

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: December 31, 2015

Policy Number: 196-25116 Countersigned by:

Insured: Sunnybrook Children's Home, Inc.

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PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State: Mississippi

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: October 21, 2015

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: December 31, 2015

Policy Number: 196-25116 Countersigned by:

Insured: Sunnybrook Children's Home, Inc.

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PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. **State** **Estimated Eligible Premium**

Mississippi	First $5,000.00	Next $95,000.00	Next $400,000.00	Balance
	0.00%	10.9%	12.6%	14.4%

2. Average percentage discount: _____ %

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: October 21, 2015

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: December 31, 2015

Policy Number: 196-25116 Countersigned by:_____

Insured: Sunnybrook Children's Home, Inc.

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NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: October 21, 2015

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: December 31, 2015

Policy Number: 196-25116 Countersigned by:_____

Insured: Sunnybrook Children's Home, Inc.

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PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

PART FIVE
PREMIUM

D. **Premium** is amended to read:
You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: October 21, 2015

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: December 31, 2015

Policy Number: 196-25116 Countersigned by:_____

Insured: Sunnybrook Children's Home, Inc.

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CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 B), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Catastrophe (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of $50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
  a. It is an act that is violent or dangerous to human life, property or infrastructure;
  b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
  c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
Mississippi	.02/MS	See Item 4 of the Information Page

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: October 21, 2015

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: December 31, 2015

Policy Number: 196-25116 Countersigned by:_____

Insured: Sunnybrook Children's Home, Inc.

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TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

a. The act is an act of terrorism.

b. The act is violent or dangerous to human life, property or infrastructure.

c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.

d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

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Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed $100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds $100,000,000,000; and for aggregate Insured Losses up to $100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:

   a. $100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.

   b. $120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.

   c. $140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.

   d. $160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible

   e. $180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.

   f. $200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.

2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed $100,000,000,000.

3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
Mississippi	.02/MS	See Item 4 of the Information Page

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: October 21, 2015

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: December 31, 2015

Policy Number: 196-25116 Countersigned by:_____

Insured: Sunnybrook Children's Home, Inc.

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EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

C. Exclusion 5, Section C. of Part Two of the policy, is replaced by following:

This insurance does not cover

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, or other tortious conduct, such that you lose your immunity from civil liability under the workers compensation laws.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: October 21, 2015

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: December 31, 2015

Policy Number: 196-25116 Countersigned by:_____

Insured: Sunnybrook Children's Home, Inc.

NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

This endorsement applies to the insurance provided by the policy for the states shown in Item 3.A. of the Information Page.

This endorsement adds to Part Five-Premium, Condition G. Audit, the following provision:

If you do not allow us to examine and audit all of your records that relate to this policy, we may utilize a payroll amount of three times the estimated payroll for purposes of determining final premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: October 21, 2015

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: December 31, 2015

Policy Number: 196-25116 Countersigned by:_____

Insured: Sunnybrook Children's Home, Inc.

MISSISSIPPI CANCELLATION ENDORSEMENT

This endorsement is issued to amend Part Six, Section D of the Workers Compensation and Employers Liability Insurance Policy. Section D. is changed to read:

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than thirty (30) days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: October 21, 2015

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: December 31, 2015

Policy Number: 196-25116 Countersigned by:_____

Insured: Sunnybrook Children's Home, Inc.

MISSISSIPPI WORKERS' COMPENSATION

NOTICE OF COVERAGE

I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and maintains workers' compensation insurance coverage with the following:

Bridgefield Casualty Insurance Company
(Name of Insurance carrier or self-insurance)

P.O. Box 80439, Baton Rouge, LA 70898-0439

(225) 926-3264
(Address and telephone number)

II. Individual workers' compensation claims will be submitted to and processed by:

Summit Consulting LLC/Summit Claims Center
(Name of third party claims administrator or claim office)

P. O. Box 80793, Baton Rouge, LA 70898-0793

(225) 928-0820
(Address and telephone number)

III. This workers compensation coverage is effective for the following period:
December 31, 2015 to December 31, 2016

IV. All job related injuries or illness should be reported as soon as possible to your immediate supervisor, or to the person listed below:

_____
(Name of employer contact person)

_____
(Title and Department/Division)

V. Please be advised that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under Mississippi Workers' Compensation Law may be charged with violation of Miss. Code Ann. §71-3-69 (Rev. 2000) and upon conviction be subjected to the penalties therein provided.

Deductible Disclosure Notices

Alabama
State-authorized deductible plan - A per-claim deductible plan is available to employers in the state of Alabama unless such employers participate in a retrospectively rated program. Deductibles are available for medical and indemnity benefits in amounts of $100, $200, $300, $400, $500, $1,000, $1,500, $2,000 or $2,500 per claim. The deductible shall apply separately to each claim for bodily injury by accident or disease. The employer may choose only one deductible amount. The insurance provider will pay the deductible amount for the employer and invoice the employer for reimbursement. The employer is liable for the reimbursement up to the deductible chosen. Ask your agent about the premium reduction for deductible coverage. The employer must be financially stable to be responsible for the payment of the deductible amounts and may be subject to a credit investigation.

Arkansas
State-authorized deductible plan - A per-claim deductible plan is available to employers in the state of Arkansas unless such employers participate in a retrospectively rated program. Deductibles are available for medical only, indemnity only or medical and indemnity benefits in amounts of $1,000, $1,500, $2,000, $2,500, $3,000, $3,500, $4,000, $4,500 or $5,000 per claim. The deductible shall apply separately to each claim for bodily injury by accident or disease. The employer may choose only one deductible amount. The insurance provider will pay the deductible amount for the employer and invoice the employer for reimbursement. The employer is liable for the reimbursement up to the deductible chosen. Ask your agent about the premium reduction for deductible coverage. The employer must be financially stable to be responsible for the payment of the deductible amounts and may be subject to a credit investigation.

Florida
State-authorized deductible plan - A $2,500-per-claim deductible plan is available to employers in the state of Florida unless such employers participate in a retrospectively rated program. There is no premium credit for this deductible plan. Under the plan, the employer is responsible for the first $2,500 of each and every compensable claim. The insurance provider will pay the deductible amount for the employer and invoice the employer for reimbursement. The deductible amount paid by the employer is excluded in the calculation of the employer's experience rating.

Georgia
State-authorized deductible plan - A per-claim deductible plan is available to employers in the state of Georgia unless such employers participate in a retrospectively rated program. Deductibles are available for medical and indemnity benefits in amounts of $100, $200, $300, $400, $500, $1,000, $1,500, $2,000 or $2,500 per compensable claim. The deductible shall apply separately to each claim for bodily injury by accident or disease. The employer may choose only one deductible amount. The insurance provider will pay the deductible amount for the employer and invoice the employer for reimbursement. The employer is liable for the reimbursement up to the deductible chosen. Ask your agent about the premium reduction for deductible coverage. The employer must be financially stable to be responsible for the payment of the deductible amounts and may be subject to a credit investigation.

(Continues on Other Side)

Deductible Disclosure Notices

Kentucky
State-authorized deductible plan - A per-claim deductible plan is available to employers in the state of Kentucky unless such employers participate in a retrospectively rated program. Deductibles are available for medical and indemnity benefits in amounts of $100, $200, $300, $400, $500, $1,000, $1,500, $2,500, $5,000, $7,500 or $10,000 per claim. The deductible shall apply separately to each claim for bodily injury by accident or disease. The employer may choose only one deductible amount. The insurance provider will pay the deductible amount for the employer and invoice the employer for reimbursement. The employer is liable for the reimbursement up to the deductible chosen. Ask your agent about the premium reduction for deductible coverage. The employer must be financially stable to be responsible for the payment of the deductible amounts and may be subject to a credit investigation.

South Carolina
State-authorized deductible plan - A per-claim deductible plan is available to employers in the state of South Carolina unless such employers participate in a retrospectively rated program. Deductibles are available for medical and indemnity benefits in amounts of $100, $200, $300, $400, $500, $1,000, $1,500, $2,000 or $2,500 per claim. The deductible shall apply separately to each claim for bodily injury by accident or disease. The employer may choose only one deductible amount. The insurance provider will pay the deductible amount for the employer and invoice the employer for reimbursement. The employer is liable for the reimbursement up to the deductible chosen. Ask your agent about the premium reduction for deductible coverage. The employer must be financially stable to be responsible for the payment of the deductible amounts and may be subject to a credit investigation.

Texas
State-authorized deductible plan – A deductible plan is available to employers in the state of Texas unless such employers participate in a retrospectively rated program. Per-claim deductibles are available for combined medical and indemnity benefits in amounts of $1,000, $2,500, $5,000, $10,000 or $25,000 per claim. The deductible amount must not exceed 50% of the estimated annual workers compensation premium for which the deductible option is chosen. The deductible shall apply separately to each claim for bodily injury by accident or disease covered under the policy.

Per-accident deductibles are available for combined medical and indemnity benefits in amounts of $1,000, $2,500, $5,000, $10,000 or $25,000 per claim. The deductible amount must not exceed 50% of the estimated annual workers compensation premium for which the deductible option is chosen. The deductible shall apply separately to all bodily injuries arising out of one accident, regardless of the number of employees involved in the accident covered under the policy.

Per-claim medical-only deductibles are available for medical only benefits in amounts of $500, $1,000, $1,500, $2,000 or $2,500. The deductible shall apply separately to each medical-only claim for bodily injury by accident or disease covered under the policy.

The employer may choose only one deductible amount. The insurance provider will pay the deductible amount for the employer and invoice the employer for reimbursement. The employer is liable for the reimbursement up to the deductible chosen. Ask your agent about the premium reduction for deductible coverage. The employer must be financially stable to be responsible for the payment of the deductible amounts and may be subject to a credit investigation.

summit®
...the people who know workers' comp®

ATTENTION!

Please notify our office if you have any changes affecting your workers' compensation insurance policy

Below are the following types of changes that must be completed and reported to your Customer Service department within 30 days of the change:

Company name

- Changes to the name of the corporation, limited liability company (LLC), partnership or sole proprietorship.
- Any changes to dba names.

Federal Employee Identification Number (FEIN)

Changes in business type (e.g. from an LLC to an Inc.) require a new FEIN.

Ownership

- Any change in ownership must be submitted and endorsed onto the workers' compensation policy.
- Any majority ownership change (50 percent or more) must be endorsed or rewritten.

Corporate officers, partners, owners and/or titles

Additions, deletions or changes (including titles) to the officers, LLC members or managing members, partners or sole proprietors.

Address

Changes in the mailing or physical address of any entity or location.

Please report any of these changes IMMEDIATELY FOLLOWING the change taking effect.
Failure to do so can negatively impact your experience rating, and could raise your premium. Changes may be submitted on a completed and signed ERM-14, or in a letter on your company letterhead and signed by an executive officer or owner. The ERM-14 form is available on Summit's Online Business Center at *summitholdings.com*. If you have any questions, please give us a call at one of the numbers listed below and ask for Customer Service.

summit®
...the *people* who *know* workers' comp®

www.summitholdings.com

SUMMIT UNDERWRITING DEPARTMENT

CORPORATE OFFICE *Florida*
PO Box 3643 • Lakeland, FL 33802-3643 • 863-665-6060 • 1-800-282-7648 • Fax 1-800-611-2667

SOUTHEAST REGION *Georgia, Kentucky, North Carolina, South Carolina, Tennessee*
PO Box 600 • Gainesville, GA 30503-0600 • 678-450-5825 • 1-800-971-2667 • Fax 1-877-288-9774

SOUTHWEST REGION *Alabama, Arkansas, Louisiana, Mississippi, Texas*
PO Box 80439 • Baton Rouge, LA 70898-0439 • 225-926-3264 • 1-800-421-2944 • Fax 1-866-256-8389

Q&A FOR YOUR WORKERS' COMPENSATION PREMIUM AUDIT

For more information, contact Summit's Premium Audit department at 1-800-282-7648 or (863) 665-6060.

What is a premium audit?

A premium audit is a verification of your company's payroll for the period during which your insurance carrier provided workers' compensation coverage. The amount of the payroll must be verified because your final workers' compensation insurance premium is based on the entire remuneration paid to your employees. This includes money and certain benefits they receive because of their employment.

You can rest assured that the payroll information you provide will be used only to determine your premium. All audit reports will be kept confidential.

Why are audits performed?

Your policy contract and some state workers' compensation laws require audits. The audit allows both you and your insurer to be certain that your workers' compensation coverage has been properly and fairly billed.

When are audits performed?

Cancellation audits are performed as soon as possible after workers' compensation coverage is terminated. Yearly audits for employers currently insured are performed at the end of each policy period.

Who will perform the audit?

There are two types of audits: mail and physical. If your account qualifies for a mail audit, we will request your records via U.S. Mail. Otherwise, an auditor will schedule a physical audit with you.

How are appointments for physical audits made?

The auditor will either telephone you or mail you a written notice.

Where will the physical audits take place?

If we have audited your records before, the audit will be completed at the same location as prior audits, unless we are notified otherwise. If we haven't yet completed an audit or if you would like us to contact your accountant's office, please be sure to let the auditor know well in advance so the audit can be scheduled for a time and place that is convenient to you. Also, please let the auditor know right away if your payroll records are kept out of state. If you receive a mail audit notice, please comply by promptly sending the requested records to us.

What if I have more than one location?

Please note that records for all additional locations should be kept at the main location for audit. Our auditor will not go to each location for an audit.

What records are required for my audit?

These are some of the records that will be needed for the policy period being covered for the audit:

- ☐ State unemployment quarterly payroll tax reports, including 941s.
- ☐ Cash disbursements journal
- ☐ General ledger (posted to date)
- ☐ Certificates of insurance (if subcontractors were used)

Additional records may be needed as well in order to accurately ascertain payroll.

You should take special care to provide the following information for the audit period:

- **Overtime**– If you paid overtime to your employees, your records must show the overtime pay separately by employee and also summarize the overtime pay by classification code.
- **Split of Classification**– If an employee's classification code can be split, you must have the time separated by the hour. It cannot be separated by percentage of time worked.
- **Subcontractors and contract labor**– If you use subcontractors or contract labor, please have all certificates of insurance and payroll records available for the audit. If you are unable to provide evidence of insurance, you must pay workers' compensation premium for that uninsured labor. Also remember that paying someone by 1099 does not necessarily make them an independent contractor, and you may be subject to paying premiums on them. Please research your state's specific statutes to be certain of your obligation to provide coverage.

Who should represent my company at the physical audit?

Our auditor must have the assistance of a person familiar with the records and duties of each employee.

Are there penalties for not cooperating with the audit?

Yes. The insuror may cancel your policy for failure to provide audit records or for failure to cooperate with the auditor, in addition to imposing penalties and fines that may include:

- A fine of $500 may be assessed if you fail to maintain essential records.
- A fine of $500 may be assessed if you fail to allow access to the essential records.
- If the auditor is unable to complete an audit, your insurer may arbitrarily determine payroll and charge up to a maximum of three times* the most recent estimated amount of premium.

  * *Specific to individual states*

www.summitholdings.com

SUMMIT PREMIUM AUDIT DEPARTMENT

CORPORATE OFFICE *Florida*
PO Box 988 • Lakeland, FL 33802-0988 • 863-665-6060 • 1-800-282-7648 • Fax 863-667-7232

PAY YOUR WORKERS' COMP PREMIUMS WITH ELECTRONIC TRANSFER (ET)

Summit's electronic transfer (ET) payment option will simplify your payment practices significantly. Summit will automatically withdraw the correct workers' compensation premium payment from your bank account each month, so you never have to worry about remembering to pay your bill on time!

How ET helps you

- Saves time.
- You make no down payment except the expense constant.*

You're in control

- You always know when the withdrawal will be made. The premium payment will be withdrawn on the effective day of your policy each month. (For example, if your policy was effective March 8, the withdrawal would occur on the 8th of each month.)
- You'll get a reminder in the mail each month.
- Any fluctuation in the amount of withdrawal will be reported to you in advance of the transfer.
- You can end your participation in the ET program at any time with a minimum 20 days' notice.

Note: Claims reimbursements and audits are not transferred electronically, so you won't be caught off guard with withdrawals that you didn't plan for.

Signing up is easy!

✓ Simply fill out and sign the Authorization Agreement below,
✓ Attach bank account documentation (e.g., a voided check), and
✓ Mail the agreement and required bank documentation to the Summit Underwriting department region (address below).

* Certain accounts may be eligible for a no-down-payment option. Subject to Underwriting discretion. Expense constant charge applies.

✂ Cut here & mail

Authorization Agreement for Preauthorized Payments

Company name _____

Policy or submission number _____

We hereby authorize our workers' compensation carrier to initiate the electronic transfer of funds from or to the bank account referenced on the attached documentation (e.g., voided check). We also authorize the financial institution to process such transactions to our account.

We understand that the withdrawal will be made on the effective day of our policy each month in an amount equal to our regular billing for workers' compensation coverage. We understand that we will be notified when our request has been processed and the transfers will begin.

We acknowledge that this agreement will remain in effect until we terminate this contract, and we agree to notify Summit and the financial institution no fewer than 20 days prior to the date we wish to discontinue participating in the program.

_____
Signature of owner/officer

_____
Print name

_____
Title Date

Send this form along with bank account documentation to the Summit Underwriting department that serves your state:

Florida PO Box 988, Lakeland, FL 33802-0988

Southeast Region (Georgia, Kentucky, North Carolina, South Carolina, Tennessee)
PO Box 600, Gainesville, GA 30503-0600

Southwest Region (Alabama, Arkansas, Louisiana, Mississippi, Texas)
PO Box 80439, Baton Rouge, LA 70898-0439

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...the people who know workers' comp®

summit®
...the people who know workers' comp®

PRIVACY PRACTICES DISCLOSURE NOTICE FOR SUMMIT CONSULTING LLC AND YOUR SUMMIT-MANAGED INSURER

This Privacy Practices Disclosure Notice outlines the privacy practices for Summit Consulting LLC ("Summit") and the Summit managed-insurer listed in the Information Page of your workers' compensation and employer's liability insurance policy.

This notice tells you:

- The categories of nonpublic personal information (NPPI) we collect from you or a third party about you or about participants, beneficiaries or claimants under your workers compensation and employers liability insurance policy;
- How we use NPPI;
- The categories of affiliates and nonaffiliate third parties with whom we share NPPI;
- The security policies and procedures in place to protect the confidentiality and security of NPPI provided to us;
- That we may monitor and record telephone calls for quality assurance.

If you have questions regarding this Privacy Practices Disclosure Notice, contact us by writing to:

Customer Service Department
Summit
PO Box 988
Lakeland, FL 33802

If applicable, please include your policy number or contract number with any correspondence.

1. INFORMATION WE MAY COLLECT

We want you to conduct business with us knowing that we protect NPPI. We collect NPPI about you or about claimants under your insurance coverage from you or from third parties via:

- Applications or other forms which may include policyholder or claimant name, address, phone number, Social Security number, household information, vehicle and driver information, date of birth, medical information related to underwriting and claims, and insurance coverage;
- Your business dealings with us, our affiliates, or others, such as prior claims or accidents, medical information related to claims, information about your employee's accident or injury (if applicable), and the names of witnesses and other contact information; and
- Consumer reporting agencies, motor vehicle departments, and inspection services.

PRIVACY PRACTICES DISCLOSURE NOTICE FOR
SUMMIT CONSULTING LLC AND
YOUR SUMMIT-MANAGED INSURER

2. HOW THE INFORMATION IS USED

We use NPPI:

- To provide Policy and premium quotes;
- To underwrite applications, administer claims, and answer questions about our insurance products and services;
- For account administration and processing premium billings payments;
- To process and defend insurance claims, and administer insurance benefits (including utilization review activities);
- To report, investigate, or prevent fraud or material misrepresentation; and
- As otherwise requited or permitted by federal or state law.

3. TO WHOM INFORMATION IS DISCLOSED

We do not disclose NPPI about you or about claimants under your insurance policy to anyone, unless allowed by law. We are allowed by law to provide NPPI to:

- A third party that performs services for us, such as claims investigations or medical examinations;
- Our affiliated companies and reinsurers;
- Insurance regulators, reporting agencies or, if applicable, involuntary market administrators;
- State motor vehicle departments to obtain a report of any accidents or convictions;
- Law enforcement agencies or other governmental authorites to report suspected illegal activities;
- Persons or organizations conducting insurance, actuarial or research studies, subject to appropriate confidentiality agreements;
- Companies that provide marketing services on our behalf, or as part of a joint marketing agreement; and,
- As otherwise permitted or required by law.

4. HOW WE PROTECT INFORMATION

We maintain physical, electronic and procedural safeguards to guard NPPI. These safeguards comply with applicable laws. We retain NPPI for as long as required by law or regulation. The only employees or agents who have access to your NPPI are those who must have it to provide products or services to you. We do not sell your NPPI to mass marketing or telemarketing companies.

5. TELEPHONE MONITORING

As part of our continuing desire to provide high quality service to our customers, telephone communications with you may be monitored and recorded. Telephone call monitoring and/or recording may be performed with no additional notice to you and with no additional approval from you. Please inform all persons that contact us concerning your insurance policy, including those acting on your behalf or anyone making payment on this policy, of this provision.

THE STATE OF MISSISSIPPI

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

LICENSE

A LICENSE IS HEREBY GRANTED TO SUNNYBROOK CHILDREN'S HOME - COTTAGE # 1 FOR GIRLS

AT 222 SUNNYBROOK STREET *CITY OF* RIDGELAND, MS *COUNTY OF* MADISON

TO PROVIDE RESIDENTIAL CHILD CARE SERVICES FOR TEN (10) FEMALES, AGES SIX (6) THROUGH TWENTY (20) YEARS

IN COMPLIANCE WITH THE STATE OF MISSISSIPPI THROUGH THE DIVISION OF FAMILY AND CHILDREN'S SERVICES. THIS LICENSE SHALL BE IN FORCE FROM THE 1ST *DAY OF* JUNE, *2015, TO THE* 31ST *DAY OF* MAY, *2016, AND REMAINS IN EFFECT UNLESS VOLUNTARILY SURRENDERED BY LICENSEE, REVOKED, RESTRICTED OR REDUCED TO A PROVISIONAL OR PROBATIONARY LICENSE.*

THIS LICENSE IS GRANTED PURSUANT TO THE AUTHORITY VESTED IN THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES IN ACCORDANCE WITH SECTION 43-15-5, OF THE MISSISSIPPI CODE OF 1972, ANNOTATED.

THIS LICENSE IS NOT TRANSFERABLE

WITNESS MY HAND AND THE SEAL OF THE STATE OF MISSISSIPPI THIS 27th *DAY OF* MAY, *2015.*

RESOURCE NUMBER 112-58-1316

M. Callaway

DIRECTOR, DIVISION OF FAMILY AND CHILDREN'S SERVICES

THE STATE OF MISSISSIPPI

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

LICENSE

A LICENSE IS HEREBY GRANTED TO SUNNYBROOK CHILDREN'S HOME - COTTAGE # 2 FOR GIRLS

AT 222 SUNNYBROOK STREET *CITY OF* RIDGELAND, MS *COUNTY OF* MADISON

TO PROVIDE RESIDENTIAL CHILD CARE SERVICES FOR TEN (10) FEMALES, AGES SIX (6) THROUGH TWENTY (20) YEARS

IN COMPLIANCE WITH THE STATE OF MISSISSIPPI THROUGH THE DIVISION OF FAMILY AND CHILDREN'S SERVICES. THIS LICENSE SHALL BE IN FORCE FROM THE 1ST *DAY OF* JUNE, *2015, TO THE* 31ST *DAY OF* MAY, *2016, AND REMAINS IN EFFECT UNLESS VOLUNTARILY SURRENDERED BY LICENSEE, REVOKED, RESTRICTED OR REDUCED TO A PROVISIONAL OR PROBATIONARY LICENSE.*

THIS LICENSE IS GRANTED PURSUANT TO THE AUTHORITY VESTED IN THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES IN ACCORDANCE WITH SECTION 43-15-5, OF THE MISSISSIPPI CODE OF 1972, ANNOTATED.

THIS LICENSE IS NOT TRANSFERABLE

WITNESS MY HAND AND THE SEAL OF THE STATE OF MISSISSIPPI THIS 27th *DAY OF* MAY, *2015.*

RESOURCE NUMBER 112-58-1316

M. Sullan

DIRECTOR, DIVISION OF FAMILY AND CHILDREN'S SERVICES

THE STATE OF MISSISSIPPI

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

LICENSE

A LICENSE IS HEREBY GRANTED TO SUNNYBROOK CHILDREN'S HOME - COTTAGE # 3

AT 222 SUNNYBROOK STREET *CITY OF* RIDGELAND, MS *COUNTY OF* MADISON

TO PROVIDE RESIDENTIAL CHILD CARE SERVICES FOR TEN (10) RESIDENTS, AGES SIX (6) THROUGH TWENTY (20) YEARS

IN COMPLIANCE WITH THE STATE OF MISSISSIPPI THROUGH THE DIVISION OF FAMILY AND CHILDREN'S SERVICES. THIS LICENSE SHALL BE IN FORCE FROM THE 1ST *DAY OF* JUNE, *2015, TO THE* 31ST *DAY OF* MAY, *2016, AND REMAINS IN EFFECT UNLESS VOLUNTARILY SURRENDERED BY LICENSEE, REVOKED, RESTRICTED OR REDUCED TO A PROVISIONAL OR PROBATIONARY LICENSE.*

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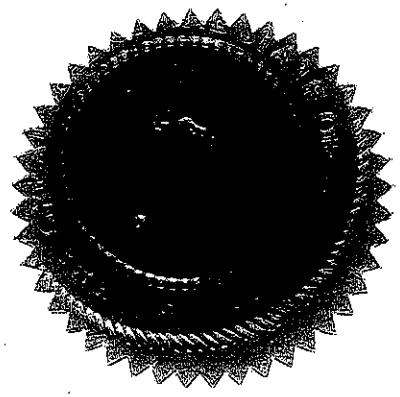
THIS LICENSE IS NOT TRANSFERABLE

WITNESS MY HAND AND THE SEAL OF THE STATE OF MISSISSIPPI THIS 27th *DAY OF* MAY, *2015.*

RESOURCE NUMBER 112-58-1316



M. Fallon

DIRECTOR, DIVISION OF FAMILY AND CHILDREN'S SERVICES

THE STATE OF MISSISSIPPI

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

LICENSE

A LICENSE IS HEREBY GRANTED TO SUNNYBROOK CHILDREN'S HOME - COTTAGE # 4 FOR BOYS

AT 222 SUNNYBROOK STREET *CITY OF* RIDGELAND, MS *COUNTY OF* MADISON

TO PROVIDE RESIDENTIAL CHILD CARE SERVICES FOR TEN (10) MALES, AGES SIX (6) THROUGH TWENTY (20) YEARS

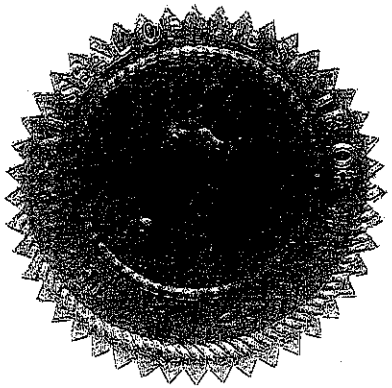
IN COMPLIANCE WITH THE STATE OF MISSISSIPPI THROUGH THE DIVISION OF FAMILY AND CHILDREN'S SERVICES. THIS LICENSE SHALL BE IN FORCE FROM THE 1ST *DAY OF* JUNE, *2015, TO THE* 31ST *DAY OF* MAY, *2016, AND REMAINS IN EFFECT UNLESS VOLUNTARILY SURRENDERED BY LICENSEE, REVOKED, RESTRICTED OR REDUCED TO A PROVISIONAL OR PROBATIONARY LICENSE.*

THIS LICENSE IS GRANTED PURSUANT TO THE AUTHORITY VESTED IN THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES IN ACCORDANCE WITH SECTION 43-15-5, OF THE MISSISSIPPI CODE OF 1972, ANNOTATED.

THIS LICENSE IS NOT TRANSFERABLE

WITNESS MY HAND AND THE SEAL OF THE STATE OF MISSISSIPPI THIS 27th *DAY OF* MAY, *2015.*

RESOURCE NUMBER 112-58-1316



M. Sella

DIRECTOR, DIVISION OF FAMILY AND CHILDREN'S SERVICES

THE STATE OF MISSISSIPPI

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

LICENSE

A LICENSE IS HEREBY GRANTED TO SUNNYBROOK CHILDREN'S HOME - COTTAGE # 6 FOR BOYS

AT 222 SUNNYBROOK STREET *CITY OF* RIDGELAND, MS *COUNTY OF* MADISON

TO PROVIDE RESIDENTIAL CHILD CARE SERVICES FOR TEN (10) MALES, AGES SIX (6) THROUGH TWENTY (20) YEARS

IN COMPLIANCE WITH THE STATE OF MISSISSIPPI THROUGH THE DIVISION OF FAMILY AND CHILDREN'S SERVICES. THIS LICENSE SHALL BE IN FORCE FROM THE 1ST *DAY OF* JUNE, *2015, TO THE* 31ST *DAY OF* MAY, *2016, AND REMAINS IN EFFECT UNLESS VOLUNTARILY SURRENDERED BY LICENSEE, REVOKED, RESTRICTED OR REDUCED TO A PROVISIONAL OR PROBATIONARY LICENSE.*

THIS LICENSE IS GRANTED PURSUANT TO THE AUTHORITY VESTED IN THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES IN ACCORDANCE WITH SECTION 43-15-5, OF THE MISSISSIPPI CODE OF 1972, ANNOTATED.

THIS LICENSE IS NOT TRANSFERABLE

WITNESS MY HAND AND THE SEAL OF THE STATE OF MISSISSIPPI THIS 27th *DAY OF* MAY, *2015.*

RESOURCE NUMBER 112-58-1316

DIRECTOR, DIVISION OF FAMILY AND CHILDREN'S SERVICES

PROPRIETARY INFORMATION

Exhibit C

Proprietary Information Form

Did the proposer submit any information to the agency for the Group Home Services Request for Proposal which contained trade secrets or other proprietary data which the contractor wishes to remain confidential in accordance with Section 25-61-9 and 79-23-1 of the Mississippi Code?

Yes ✓ No _____

If yes, please indicate which parts/pages below that the contractor wishes to designate as proprietary.

1. Sunnybrook's 2016 Budget
2. Sunnybrook's latest financial audit
3. Sunnybrook's employees' resumes and job descriptions
4.
5.

Jeff Kelley 12/18/18 **(No stamped signature)**

Signature of Authorized Official/ Title Date

Sunnybrook

Name of Organization

FEDERAL DEBARMENT VERIFICATION REQUIREMENT FORM

Exhibit D

FDVR FORM
REVISED OCTOBER 13, 2015

FEDERAL DEBARMENT VERIFICATION REQUIREMENT

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

DIVISION OF FAMILY & CHILDREN'S SERVICES

Rob Salley, hereby certifies that Sunnybrook
Contractor's Authorized Official — Contractor's

Children's Home is not on the list for federal debarment on www.sam.gov – System
Name

for Award Management (SAM). If Sunnybrook Children's Home is placed on the
Contractor's Name

federal debarment list, Rob Salley shall notify the
Contractor's Authorized Official

appropriate funding division(s) of the Mississippi Department of Human Services (MDHS) within 24 hours (Monday-Friday). Further, MDHS, Division of Family & Children's Services will immediately terminate the subgrant(s)/contract(s) between MDHS,

Division of Family & Children's Services and Sunnybrook Children's Home.
Division's Name — Contractor's Name

Rob Salley / Executive Director
Authorized Official's Typed Name/Title

Signature of Authorized Official — Date 12/15/15 **(No stamped signature)**

Witness

Witness

Exhibit E

PDV FORM
REVISED OCTOBER 13, 2015

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

DIVISION OF FAMILY & CHILDREN'S SERVICES

PARTNERSHIP DEBARMENT VERIFICATION

Sunnybrook Children's Home, hereby certifies that all entities who are in partnership with
Contractor's Name

MDHS (subcontractors, subrecipients, et al.) are not on the list for debarment found in the Excluded Parties List System (EPLS), now known as System for Award Management (SAM). Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every subgrant and modification to the Division of Family & Children's Services. Sunnybrook Children's Home also understands
Division's Name Contractor's Name

that if an entity that we are in partnership with is on SAM, we will immediately terminate our agreement with the subcontractor, subrecipient, et al.

Rob Salley / Executive Director (**No stamped signature**)
Authorized Official's Typed Name/Title

Signature of Authorized Official Date 12/15/15

Witness

Witness

Exhibit G

Prospective Contractor's Representation Regarding Contingent Fees

The prospective contractor (Sunnybrook Children's Home, Inc.) represents that it has / has not (please circle the appropriate answer) retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

R Holley 12/15/15

Signature of Authorized Official/ Title Date

(No stamped signature)

Exhibit A

Proposal Number: 2015GRPHM001 (For use by MDHS)

Mississippi Department of Human Services

Division of Family & Children's Services

Proposal Cover Sheet

Name of Organization: Sunnybrook Children's Home

DUNS # 071935464

(FOR CLASSIFICATION PURPOSES ONLY)

☐ **MINORITY OWNED** ☐ **WOMEN OWNED** ☑ **NOT APPLICABLE**

Please complete the State of Mississippi Minority Vendor Self Certification Form (Exhibit L)

Date Submitted: 12-18-2015 **Amount of Funding Requested: $** 160,000

Proposer Organization Information:

Name of Organization: Sunnybrook Children's Home

Mailing Address: P.O. Box 4871 Jackson, MS 39296

Chief Executive Officer: Rob Salley

Phone: (601) 856-6555 **Fax:** (601) 856-6520

Email: rsalley@sunnych.net **Organization's Tax ID#:** 64-0427465

Contact Person for Proposal:

Name: Rob Salley **Title:** Executive Director

Mailing Address: PO Box 4871 Jackson, MS 39296

Phone: (601) 856-6555 **Fax:** (601) 856-6520

Email: rsalley@sunnych.net

Provide a brief description of the proposed project (Limited to space provided)

Please see the following proposal outlining the manner in which Sunnybrook Children's Home will respond to RFP No. 2015GRPHM001

Rob Salley Exe Dir 12/15/15

Signature of Authorized Official/Title Date

Overview of Specific Items and Exhibits

- 1.3 Scope of Services – please see section 2 (written proposal and scope of service) and section 8 (Cost Data Narrative, 2016 Sunnybrook Budged, Most Recent Audit).
- 2.0 – Sunnybrook did not use a consultant to write this RFP.
- 3.0 – Insurance – please see section 9
- 4.0 – Sunnybrook understands the terms of contract renewal
- 5.0 – Sunnybrook understands that the price agreement is fixed.
- 6.0 – Sunnybrook understands the conditions upon which this proposal may be rejected.
- 7.0 – Sunnybrook understands the states rights to waive informalities and irregularities.
- 8.0 – Sunnybrook understands that this proposal, once submitted, is property of the state.
- 9.0 – Sunnybrook understands the components associated with competitive negotiation.
- 10.0 – Sunnybrook understands that RFP does not consistute acceptance of offer.
- 11.0 – Sunnybrook understands the process to note exceptions and deviations.
- 12.0 – Sunnybrook understands the nonconforming terms and conditions.
- 13.0 – Sunnybrook understands the dates and formats associated with submitting this RFP.
- 14.0 – Sunnybrook understands that MDHS is not responsible for costs associated with preparing this RFP.
- 15.0 – Sunnybrook understands the requirements to identify proprietary information.
- 16.0 – Sunnybrook understands the requirements for addressing additional information.
- 17.0 – Sunnybrook submitted the required information for Debarment in section 4.
- 18.1-9 – Sunnybrook understands and complies with the required clauses for procurement.
- 19.0 – Sunnybrook understands the evaluation procedure and factors that are considered in this evaluation process.
- 20.0 – the cost data submitted in section 8 provides an estimated annual cost of service.
- 21.0 – Sunnybrook used the required format in submitting this RFP.
- 22.0 – Sunnybrook understands that it may request a debriefing regarding this RFP.
- 23.0 – Sunnybrook understands the protest policy listed in this RFP.
- 24.0 – Sunnybrook understands the proposal exceptions policy listed in this RFP.

- Exhibit A – located in section 1
- Exhibit B – submitted to Mike Gallarno on 12.11.15; received confirmation; located in section 1.
- Exhibit C – J – located in section 4
- Exhibit H – also located in Cost Data Narrative in section 8

December 15, 2015

To Whom It May Concern,

Sunnybrook Children's Home is a Christian-based, non-therapeutic, professional child-care organization located on a 60-acre campus in Ridgeland, MS. Sunnybrook's underlying philosophy regarding childcare is centered on the following core values: providing opportunities for children to gain an initial, or further, understanding of God through church attendance and staffing the homes with spiritually mature, live in house parents; providing an environment for children to seek lasting permanency through reunification, relative care, adoption, or guardianship through the many services Sunnybrook offers; and encouraging youth to develop his or her God-given abilities and talents by providing ample opportunity for academic success, extracurricular activities, interaction with community leaders, and exploration of personal interests while at Sunnybrook.

For the past 51 years, Sunnybrook's efforts has been concentrated on providing congregate care to abused and neglected children and youth in the state of Mississippi, particularly focusing efforts on keeping sibling groups intact while they are in need of care. In addition to the 60-acre main campus located at 222 Sunnybrook Road in Ridgeland, MS consisting of 5 cottages/homes for children, administrative offices, a gym and academic complex, and a cafeteria, Sunnybrook also offers residents use of its 260-acre ranch in Flora, MS, where residents enjoy fishing and other outdoor related activities. By limiting each cottage to eight residents and using one cottage as a relief home, Sunnybrook can currently serve 32 children at one time. Sunnybrook is currently licensed by the Department of Human Services to provide care to youth ages 6-20.

In the following proposal, please find the following: a detailed description of how services will be provided, a description of Sunnybrook's corporate experience and capacity, an overview of Sunnybrook's personnel, a list of references, a statement of the acceptance of conditions, cost data, and additional data that will be provided in an appendix.

Sunnybrook thanks the Department of Human Services, Division of Family and Children's Services for the opportunity to respond to this RFP (#2015GRPHM001).

Sincerely,

Rob Salley
Executive Director
Sunnybrook Children's Home

Exhibit B

REQUIRED LETTER OF INTENT

Date: 12-10-15

Mr./Ms./Dr. Mike Gallarno

Title Director, Division of Family and Children's Services

Address 750 North State Street

City, State, Zip Code Jackson, MS 39202

Dear Mr./Ms./Dr.: Mike Gallarno

This letter confirms our intent to submit a proposal pursuant to RFP #2015GRPHM001

Sunnybrook Children's Home service area includes State of Mississippi. Also, in
Organization Name

compliance with the requirements of the letter of intent, Sunnybrook Children's Home submits the
Organization Name

following information:

Contact Person's Name: Rob Salley

Contact Person's Title: Executive Director

Phone Number: 601-856-6555

Fax Number: 601-856-6520

Tax I.D. Number: 64-0427465

DUNS Number: 071935464

Physical Address: 222 Sunnybrook Road; Ridgeland, MS 39157

Authorized Official's Email Address: rsalley@sunnych.net

Thank you for your consideration.

Sincerely,

Rob Salley

Authorized Official

Subject: Fw: Sunnybrook CH letter of intent for RFP No. 2015GRPHM001

Date: Friday, December 11, 2015 at 12:08:30 PM Central Standard Time

From: Mike Gallarno

To: Kenneth Spansel

CC: Rob Salley, Brian Lewis, Kenya Johnson

Thank you, Mr. Spansel. Your letter of intent has been received.

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

Confidentiality Statement: The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential, proprietary, and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and delete the material from all computers.

-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/11/2015 12:06PM -----

To: "mike.gallarno@mdhs.ms.gov" <mike.gallarno@mdhs.ms.gov>
From: Kenneth Spansel <KSpansel@sunnych.net>
Date: 12/11/2015 09:16AM
Cc: Rob Salley <rsalley@sunnych.net>
Subject: Sunnybrook CH letter of intent for RFP No. 2015GRPHM001

(See attached file: Sunnybrook Children's Home Letter of Intent.pdf)
(See attached file: Exhibit B - Required Letter of Intent.pdf)

Mr. Gallarno,

This is Kenny Spansel from Sunnybrook Children's Home submitting our attached letter of intent (Exhibit B) and letter from the Board of Director's president, stating that Sunnybrook Children's Home will respond to RFP NO. 2015GRPHM001. If any further information is required at this time, please let us know. We look forward to receiving your acknowledgment of receipt of our letter of intent via email.

Kenny

CONFIDENTIALITY NOTICE This e-mail and any files or attachments may contain confidential and privileged information. If you have received this message in error, please notify the sender at the above e-mail address and delete it and all copies from your system.

CONFIDENTIALITY NOTICE This e-mail and any files or attachments may contain confidential and privileged information. If you have received this message in error, please notify the sender at the above e-mail address and delete it and all copies from your system.

Sunnybrook
Children's Home, Inc.

Post Office Box 4871
Jackson, Mississippi 39296-4871
Office: (601) 856-65555 Fax: (601) 856-6520
E-mail: admin@sunnych.net
Website: www.sunnych.net

Campus Location
222 Sunnybrook Road
Ridgeland, Mississippi 39157

December 10, 2015

Mike Gallarno, Director

Division of Family and Children's Services

750 North State Street

Jackson, MS 39202

Dear Mr. Gallarno,

In keeping with Sunnybrook Children's Home's long tradition of meeting the needs of the most vulnerable children in the state of Mississippi, the Board of Director's endorses the efforts of the staff to respond to this Request for Proposal for Group Homes (2015GPRHM001). We encourage the staff to remain current in all licensing and contractual requirements to better serve the children's needs. Thank you for the opportunity to engage in this process.

Sincerely,

Billy W. Long M.D.

Billy W. Long, MD

President of Board of Directors

Sunnybrook Children's Home

STATE OF MISSISSIPPI
Phil Bryant, Governor
DEPARTMENT OF HUMAN SERVICES
Richard A. Berry
Executive Director

December 15, 2015

Amanda Groves
Family Protection Specialist
MDHS/ Region 3 North

To Whom It May Concern:

I have been working with Sunnybrook Children's Home since 2012. I currently have 3 foster children at the group home. My children love the atmosphere there and the staff. The children received their medicals, dentals, and other appointments on time. The staff are very concern about the children well being and play a major part in the progress they have made. I can truly say that Sunnybrook Children's Home is a place that makes the children feel at home. I recommend that Sunnybrook Children Home continue its contract with DHS.

If you have any questions or concerns, please do not hesitate to contact me at 662-289-1379 #4.

Sincerely,

Amanda Groves

Amanda Groves
Family Protection Specialist
Attala County Family and Children Services

Madison County Family & Children's Services
867 Martin Luther King Drive
P.O. Box 203
Canton, MS 39046
601-859-5883 Office
601-859-0331 Fax

December 14, 2015

Patty Guise, Family Protection Specialist
Madison County and Children's Services
Canton, MS 39046

To Whom It May Concern:

My name is Patty Guise who has been a Family Protection Specialist with Mississippi Department of Human Service Division of Family and Children's Service for five years. Since with the agency I have had the opportunity of working closely with Sunnybrook Children's Home staff as well as houseparent's. It is my pleasure to work with the facility. I strongly believe the staff and houseparent have the children at heart.

Over the experience with Sunnybrook Children's Home has been outstanding. Please do not hesitate to contact me if you have any further questions. My contact numbers are 601-859-5883 or 601-383-2787.

Sincerely,

Patty Guise, BSW
Madison County Family and Children's Services

STATE OF MISSISSIPPI
Phil Bryant, Governor
DEPARTMENT OF HUMAN SERVICES
Richard A. Berry, Executive Director

12-15-15

To: Sunnybrook Children's Home
222 Sunnybrook Rd
Ridgeland, MS 39157

From: Trudy Miller, Regional Director Region 3N
Family & Children Services
1545 West Govt Street
Brandon, MS 39042
601-824-6372

Re: Reference for Sunnybrook Children's Home

My name is Trudy Miller and I serve as the Regional Director for Region 3N with the Department of Human Services within the Division of Family and Children Services. I have worked with the agency for eighteen years in numerous capacities. During my tenure with the agency I have worked with many staff members of Sunnybrook Children's Home. The staff have been kind , compassionate and a great resource for our families and children. The staff are quick to assist in our need for placement and complete assessments to ensure that our children will be the right fit for their program. The home exhibits Christian values for our children and teaches love and compassion to all. The administration are always willing to participate in ongoing team work with Family and Children Services to ensure that we have open communication and continue striving to learn better ways to serve our families. I appreciate the hard work and dedication that Sunnybrook exhibits to our agency and look forward to a continued positive working relationship between our agencies.

Sincerely,

Trudy Miller

Trudy Miller
Regional Director Region 3N
Family & Children Services

Written Proposal

Sunnybrook Children's Home, Inc., is located at 222 Sunnybrook Road, Ridgeland, MS 39157. Since its inception in 1963 and opening in 1964, Sunnybrook has strived to provide excellent Christian-based child-care services to venerable children in Mississippi. Throughout its history, Sunnybrook has continually partnered with and met all the requirements of a residential child care agency as established by the Department of Human Services. Sunnybrook currently maintains both a license and contract with MDHS as shown in appendix 2. Sunnybrook's residential campus is located at 222 Sunnybrook Road in Ridgeland, MS. In addition to its residential campus, Sunnybrook also owns a 260-acre ranch in Flora, MS where the residents enjoy an array of outdoor activities.

Sunnybrook is 51 years old, and has remained at its current location since 1967. During the past 3 years, Sunnybrook has averaged 22-24 employees. A full list of current staffs' resumes, qualification, and experience can be found in appendix 3.

Sunnybrook has maintained a contract with the state since 2012. Our latest contract (number 8200007028) was awarded on June 24th, 2015 for the time period of July 1, 2015 to February 29, 2015. A plan, practically explaining how the services required in this RFP will be performed by Sunnybrook, can be found on the next page, and an estimation of price and be found in the Cost Data Narrative in appendix 4.

Scope of Service

The following pages contain Sunnybrook Children's Home's proposal for administering services, which promote lasting permanency for all children in its care. As will be shown, all services provided are designed to promote children and youth returning to their families when appropriate, transition to a less restrictive setting, or enter an independent living situation. Specifically, Sunnybrook does/ will do the following:

Initial Strengths and Needs Assessment, Treatment Plan Family Team Meeting, Discharge Family Team Meeting – As ***appendix 1*** illustrates, Sunnybrook plans to incorporate the points and sub points in the three assessments during intake and at required scheduled times throughout the duration of a youth's stay at Sunnybrook.

Community and School Based Extracurricular Activities – through the efforts of Sunnybrook's Volunteer Coordinator, Social Services Coordinator, and other staff, children and youth are exposed to and encouraged to participate in a wide range of community and school based extracurricular activities. As examples, during the 2015 football season, 4 Sunnybrook youth enjoyed playing football at Ridgeland High, 1 youth won the state championship in powerlifting during the 2014-2015 school year, and 1 youth currently plays basketball at Olde Towne Middle School. In addition to this, Sunnybrook youth are routinely exposed to opportunities to be involved in local community extracurricular activities, including church-related activities, plays, musicals, and other enriching activities.

Developing Skills Leading to Permanency – Sunnybrook's social services staff works in conjunction with the youth's MDHS COR and COS workers and supervisors to ensure that all youth in state custody have opportunities to develop skills that contribute to the goal of lasting permanency. When appropriate and approved by DFCS, permanent families are included in the development of such skills, which include, but are not limited to: family counseling, processing logistical issues regarding youth returning to their family of origin, and helping youth gain practical

life skills through regular instruction from their house parent(s), Sunnybrook staff, and volunteers.

Develop Appropriate Independent Living Skills – As youth live at Sunnybrook, they are exposed to a wide-range of practical independent living skills from instruction from their houseparent(s), the Independent Living Contractor (Southern Christian Services for Children and Youth) for youth ages 14 and over, and volunteers. When provided by MDHS DFCS, Sunnybrook staff actively incorporates the actions and goals set out in the youth's DFCS Independent Living Plan and/or Transitional Living Plan. To help youth attain their educational goals, Sunnybrook provides up to three (3) hours of tutoring per resident per week based on his or her particular need(s). Because Sunnybrook is a non-therapeutic, open-campus setting, residents attend local public schools: Ridgeland High, Olde Towne Middle School, Highland Elementary, and Ann Smith Elementary. Through consistent communication with youths' teachers, Sunnybrook's social services staff constantly monitors youths' progress in school, and works with the youth, their teachers, and tutors to help youth reach their educational goals. Regarding opportunities for higher education and/or vocational training, Sunnybrook actively works with MDHS and the state Independent Living Contractor to ensure that youth have all scholarship and grant money available. In addition, Sunnybrook also financially supports youth who desire to attend a community college upon leaving Sunnybrook's care. Opportunities for employment are also available for youth according to age and maturity. As an example, one youth is currently employed at a local restaurant, and another may be seeking employment in the near future. As ***appendix 1 shows***, Sunnybrook ensures that all youth have access to health care services and opportunities to develop permanent connections within the community.

Licensure – As ***appendix 2*** shows, Sunnybrook Children's Home is currently licensed with as a Residential Child Caring Agency with MDHS DFCS. In 2016, Sunnybrook plans to expand its scope of services to applying to become a non-therapeutic child placing agency in a possible collaboration with Faith Bridge, an

organization specializing in helping mobilize and equip local church congregations to become actively involved in the foster care ministry.

Staffing and Personnel – Sunnybrook utilizes a live-in houseparent model to provide direct care to youth. In this model, full time house parents work 3 weeks, and are off one. Part time house parents work one week and are off one. During the full time house parents' off week, youth live with relief house parents. The social services staff and campus manager rotate week-long on-call duties, and are available 24-7 should an emergency situation arise that needs greater intervention than house parents can provide.

For the past 2 years, key Sunnybrook staff have attended the Trauma Conference hosted by the Department of Mental Health at the Jackson Convention Center. Through this and other trainings, Sunnybrook staff has enhanced its already existent individualized prevention strategies to prevent trauma and emotional triggers, and increased our interventions to de-escalate psychological and emotional crises by utilizing the child's and family's unique coping strategies.

The information collected in the youth's Initial Strengths and Needs Assessment, Treatment Plan Family Team Meeting, and Discharge Family Team Meeting will be used to individualize our treatment of each youth to prevent trauma and emotional triggers, while being sensitive to the grief and loss experienced by the child as he or she is removed from the home and enters into MDHS custody. In September, 2014, Sunnybrook entered into a partnership with Innovative Behavioral Services to provide Trauma Informed therapy to Sunnybrook youth on our main campus. In November, 2015, Sunnybrook entered into a partnership with Catholic Charities' Solomon Counseling Center to provide Trauma Focused CBT counseling with youth as needed, while maintaining our partnership with Innovative Behavioral Services. Sunnybrook will attend the three-day orientation regarding Mississippi's Family Centered Practice Model with designated staff.

Description of Services – Although Sunnybrook is currently licensed to receive children ages 6 to 20 with MDHS DFCS, we do seek written approval from the Regional Director for any youth under 10 years of age placed at Sunnybrook if they do not have a sibling who is a resident over the age of 10.

General Requirements

- Sunnybrook seeks to provide services in the least restrictive environment that is appropriate to the individual child's strengths and needs. Because Sunnybrook is a non-therapeutic, open-campus setting, Sunnybrook residents are afforded many freedoms enjoyed in their home environments.
- Sunnybrook staff is conscious of the various cultures from which the children come, and seek to provide services according to the needs of each child. In the past, Sunnybrook has partnered with Catholic Charities to receive youth in the unaccompanied minor program. Sunnybrook has been blessed by these partnerships, and is open to further partnerships in the future.
- Sunnybrook does not discriminate against any youth in its care, and is careful to follow a three-step model when considering youth for admission: an initial written application completed by the COR worker, a face-to-face interview, and a staffing with all relevant Sunnybrook staff once the interview has been completed. In the staffing, Sunnybrook staff is sensitive to the trauma histories of current residents and known current behaviors of applicants that may emotionally trigger current residents or applicants.
- Sunnybrook staff partners with MDHS staff in actively engaging and preserving connections and relationships for children with their family of origin when deemed appropriate by MDHS in light of youth's trauma histories with their families of origin.
- Sunnybrook addresses every resident's medical, dental, and health needs in our program in the following manner:
    - During intake, Sunnybrook's Social Services Coordinator works with the youth's COR staff and the youth's Medicaid/ Magnolia representative to ensure that incoming youth either have completed an initial medical exam or schedules one within 30 days of their entering MDHS custody.
    - Sunnybrook ensures that routine medical exams are completed on an annual basis following the initial medical exam.

- Again, during intake, Sunnybrook's Social Services Coordinator works with the youth's COR staff and Medicaid/ Magnolia representative to ensure that incoming youth receive a dental examination within 90 days of entering custody, and every six months thereafter, should an exam not be done prior to the youth entering Sunnybrook's care.
- Sunnybrook staff works with Medicaid/ Magnolia and MDHS staff to find mental health providers who will assess children in MDHS custody with their current insurance. In the past, Sunnybrook has had difficulty in finding quality mental health providers who take many of the children's insurance provider, Magnolia. Sunnybrook currently partners with Innovative Behavioral Services and Catholic Charities' Solomon Counseling Center to provide routine mental health services to children and youth in Sunnybrook's custody.
- Sunnybrook does not care for children three and under.
- Sunnybrook children currently do not have Medicaid as stated in this RFP due to factors beyond our control. All services for medical, dental, and mental health services are sought by the youth's current insurance provider, Magnolia
- All medications are administered and monitored by assigned Sunnybrook staff in accordance with Licensure Standards. In addition, all youth prescribed psychotropic medications receive written authorization from their County of Responsibility before administration.

- Sunnybrook sends in all documentation of medical, dental, mental health examinations and assessments to the youth's DFCS worker within 72 hours of receipt. Sunnybrook also communicates any written or verbal recommendations for youth from medical providers to DFCS workers immediately.

- Sunnybrook staff conducts an inventory of personal property of the child at the time of admission and discharge. In addition, Sunnybrook regularly takes its residents shopping to replace clothing as needed.
- Hygiene items are provided to Sunnybrook children and youth through the per diem rate.
- All injuries of children and their subsequent treatments are documented and communicated to the child's DFCS worker and DFCS Congregate Care Director immediately.
- Sunnybrook does not allow identifying photographs, videos, or media presentations to be used in public contexts.
- During the past 6 years, Sunnybrook has had zero incidences of runaway youth. In the event that a youth does runaway, Sunnybrook will notify verbally and in writing the DFCS Director of Congregate Care, the youth's COR social worker, DFCS Nurse Supervisor, and law enforcement. While the child is on runaway status, Sunnybrook will continually work with DFCS staff seeking the best possible outcome for the youth upon their return.
- Family counseling and therapy is currently being provided by Innovative Behavioral Services and Solomon Counseling Center, and is not contingent on the child's behavior as a part of any discipline.

Child and Family Initial and Ongoing Strengths and Needs Assessment – please see ***appendix 1*** for a detailed overview of the assessment and Sunnybrook's plan of implantation.

Treatment Plan Family Team Meeting – please see ***appendix 1*** for a detailed overview of the assessment and Sunnybrook's plan of implementation.

Individualized Treatment Plan – please see ***appendix 1*** for a detailed overview of the assessment and Sunnybrook's plan for implementation.

Emergency Services – In the event of a behavioral based emergency, Sunnybrook's emergency protocol is as follows:

- Contact the Administrator on Duty. If the AOD can resolve the issue, he or she will inform the program director and campus manager immediately of

the resolution. The program director will communicate the incident to appropriate DFCS officials verbally and in writing. If they AOD cannot resolve the issue, the AOD will contact the program and campus manager to help resolve the issue. Should the incident not be able to be resolved by Sunnybrook staff, the youth will be isolated on campus if needed to ensure his or her safety and the safety of others until a mobile crisis unit [Brentwood, Alliance Behavioral Health, etc.] can be contacted for assessment and recommendations for intervention.

- Sunnybrook staff have constant access to a Youth Data Sheet, contacting all relevant information in the child's youth's record in the case of a medical or other type of emergency.

Discharge Planning – please see ***appendix 1*** for a detailed overview of the plan and Sunnybrook's plan for implementation.

Placement Disruption – Sunnybrook staff does not discharge residents unless it is deemed medically necessary that they go to a higher-level of psychiatric care or the child presents an immediate threat or harm to him/herself or others. Upon discharge, Sunnybrook communicates its efforts to maintain placement and its reasons for request for removal to the child's DFCS social worker. Prior to discharge, a Discharge Family Team meeting will be held. If a situation demands than unplanned discharge meeting be held, such meetings will be held within a 48-hour notice. Upon discharge from a higher level of care, if appropriate, the youth may return to Sunnybrook. If return to Sunnybrook is not appropriate after discharge from a higher level of care, Sunnybrook staff will work with DFCS officials to help determine the next best placement for the child.

Runaways and Serious Incidents – In the case of a child running away or being involved in a serious incident, Sunnybrook staff will immediately notify verbally and in writing the DFCS Director of Congregate Care, the County of Responsibility Social Worker, and law enforcement. If a runaway child is not absent more than seven calendar days, he or she will be considered terminated at such time.

Reporting – Sunnybrook will participate in providing Key Performance Indicators (KPI's) to DFCS's web based tool to be developed by the Department prior to the contract start date.

Appeals Procedure – Should the need arise, Sunnybrook will participate in the appeals process as outlined in this RFP.

Performance Evaluation, Funding, and Overnight Visits and Temporary Moves – Sunnybrook understands that it will be evaluated, appropriate funds, and comply with the overnight visit and temporary move policy as outlined in this RFP.

Corporate Experience and Capacity

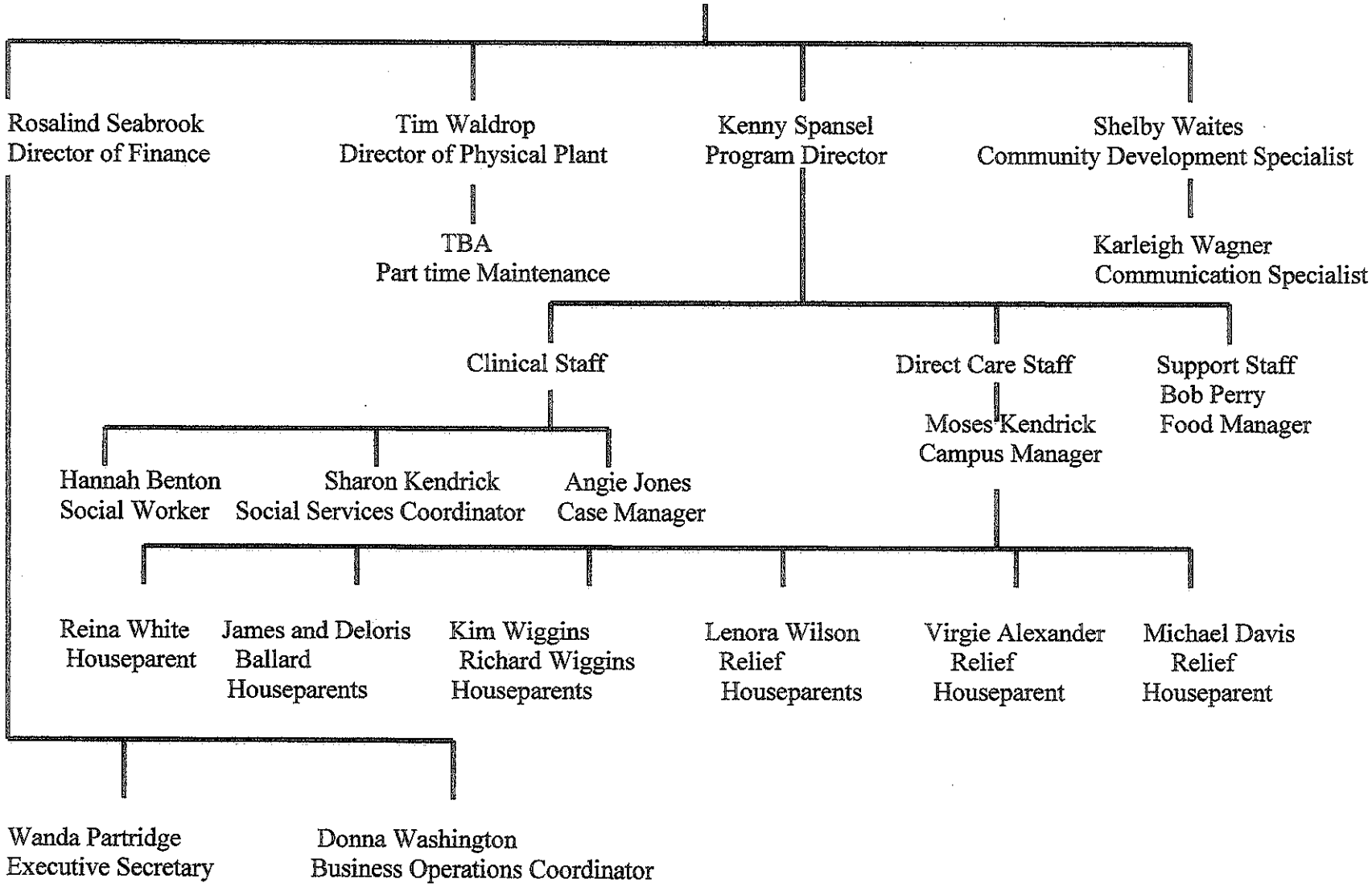
For the past 51 years, Sunnybrook Children's Home, Inc. has provided a Christian residential home to abused and neglected children in the state of Mississippi. Since its founding in 1963 and opening in 1964, Sunnybrook has complied with all local and state laws to maintain its status as a licensed residential child-care facility in the state of Mississippi. Throughout its history, Sunnybrook has specialized in keeping sibling groups together while they are in need of residential services.

To better serve the varied needs of the children and youth residing at Sunnybrook, in September 2014, Sunnybrook began a partnership with Innovative Behavioral Services to provide Trauma Informed counseling to Sunnybrook Residents. In November, 2015, Sunnybrook began a partnership with Catholic Charities' Solomon Counseling Center to offer its residents Trauma Focused CBT.

In 2016, Sunnybrook's Board of Directors plans to meet with a representative from Faith Bridge, an organization dedicated to equipping local church congregation families to serve as foster parents. Sunnybrook's desire is to seek licensure as a child placing agency with the state in 2016. With this additional licensure, Sunnybrook hopes to expand its continuum of services by offering non-therapeutic foster care training and services to local churches. With this expansion, Sunnybrook anticipates quickening the transition of children from its residential services to foster care and adoptive services.

In the following pages, please find an organizational flow chart and a brief overview of Sunnybrook's staff's current experience and abilities. Resumes and job description can be found in section 7, Appendix 3 of this proposal.

Sunnybrook Children's Home Organizational Chart



Sunnybrook Employee Profiles

The below profiles outline the combined 150 years of the experience in the child-welfare ministry comprised from Sunnybrook's current employees.

Rob Salley, Ph.D., Executive Director – Prior to joining Sunnybrook in 2010, Dr. Salley served as Program Director at two similar sized child care agencies. Dr. Salley is responsible for the overall vision and direction of Sunnybrook.

Kenny Spansel, Program Director – Prior to joining Sunnybrook in 2014, Mr. Spansel spent 7.5 years with the state's independent living contractor, Southern Christian Services for Children and Youth. While there, he served multiple roles, working closely with local and state officials to continually improve the quality and scope of services to youth in state custody.

Rosalind Seabrook, Director of Finance – Ms. Seabrook has served in this capacity since 1985, and brings a wealth of experience and information to this role.

Tim Waldrop, Director of Physical Plant – Mr. Waldrop, a former Sunnybrook resident, has been employed by Sunnybrook in this capacity since 1992, and offers extensive knowledge of Sunnybrook's property.

Shelby Waites, Community Development Specialist – Prior to joining Sunnybrook in 2013, Mrs. Waites served in the insurance industry for over 20 years. Mrs. Waites offers extensive knowledge of Sunnybrook's insurance needs and requirements.

Donna Washington, Business Operations Coordinator – prior to joining Sunnybrook in 2002, Mrs. Washington served in multiple accounting and managerial positions throughout the Jackson metro area.

Wanda Partridge, Executive Secretary – Mrs. Partridge brings a wealth of secretarial skills and knowledge to Sunnybrook through her multiple roles in the industry.

Karleigh Wagner (Maze), Communication Specialist – immediately prior to joining Sunnybrook, Mrs. Wagner earned a number of awards and distinctions at Mississippi College while earning her B.S. in Interpersonal and Public Communications.

Moses Kendrick, Campus Manager – prior to assuming the role of campus manager, Mr. Kendrick and his wife, Sharon, served as Sunnybrook houseparents for two years. With their experience as houseparents and multiple prior child-care related positions, the Kendricks offer invaluable insight to the lives of Sunnybrook youth.

Sharon Kendrick, Social Services Coordinator – prior to assuming the role of Social Services Coordinator, Mrs. Kendrick and her husband, Moses, served as Sunnybrook houseparents for two years. With their experience as houseparents and multiple prior child-care related positions, the Kendricks offer invaluable insight into the lives of Sunnybrook youth.

Hannah Benton, Licensed Social Worker – Ms. Benton joined Sunnybrook as a social work intern in January, 2013, and was hired upon graduation. Ms. Benton offers an exceptional ability to relate well to all those she interacts with on a daily basis, and has good insight into the daily needs of the children.

Angie Jones, Case Manager – prior to joining Sunnybrook, Mrs. Jones worked for the muscular dystrophy association (MDA), and offers exceptional case management skills to Sunnybrook youth.

Bob Perry, Food Manager – for the past 14 years, Mr. Perry has served as Sunnybrook's food manager, and provides exceptional services via his ability to organize and plan nutritious meals.

Houseparents – as evident by the resumes, Sunnybrook's house parents offer the children a rich, diverse array of past experiences in their direct care to children and youth.

Exhibit C

Proprietary Information Form

Did the proposer submit any information to the agency for the Group Home Services Request for Proposal which contained trade secrets or other proprietary data which the contractor wishes to remain confidential in accordance with Section 25-61-9 and 79-23-1 of the Mississippi Code?

Yes ✓ No _____

If yes, please indicate which parts/pages below that the contractor wishes to designate as proprietary.

1. Sunnybrook's 2016 Budget
2. Sunnybrook's latest financial audit
3. Sunnybrook's employees' resumes and job descriptions
4.
5.

Signature of Authorized Official/ Title

12/18/18 **(No stamped signature)**
Date

Sunnybrook
Name of Organization

Exhibit D

FDVR FORM
REVISED OCTOBER 13, 2015

FEDERAL DEBARMENT VERIFICATION REQUIREMENT

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

DIVISION OF FAMILY & CHILDREN'S SERVICES

Rob Salley, hereby certifies that Sunnybrook
Contractor's Authorized Official — Contractor's

Children's Home is not on the list for federal debarment on www.sam.gov – System
Name

for Award Management (SAM). If Sunnybrook Children's Home is placed on the
Contractor's Name

federal debarment list, Rob Salley shall notify the
Contractor's Authorized Official

appropriate funding division(s) of the Mississippi Department of Human Services (MDHS) within 24 hours (Monday-Friday). Further, MDHS, Division of Family & Children's Services will immediately terminate the subgrant(s)/contract(s) between MDHS,

Division of Family & Children's Services and Sunnybrook Children's Home.
Division's Name — Contractor's Name

Rob Salley / Executive Director
Authorized Official's Typed Name/Title

Signature of Authorized Official — Date 12/15/15 **(No stamped signature)**

Witness

Witness

Exhibit E

PDV FORM
REVISED OCTOBER 13, 2015

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

DIVISION OF FAMILY & CHILDREN'S SERVICES

PARTNERSHIP DEBARMENT VERIFICATION

Sunnybrook Children's Home, hereby certifies that all entities who are in partnership with
Contractor's Name

MDHS (subcontractors, subrecipients, et al.) are not on the list for debarment found in the Excluded Parties List System (EPLS), now known as System for Award Management (SAM). Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every subgrant and modification to the Division of Family & Children's Services. Sunnybrook Children's Home also understands
Division's Name Contractor's Name

that if an entity that we are in partnership with is on SAM, we will immediately terminate our agreement with the subcontractor, subrecipient, et al.

Rob Salley / Executive Director **(No stamped signature)**
Authorized Official's Typed Name/Title

Signature of Authorized Official Date 12/15/15

Witness

Witness

Exhibit F

Acknowledgement of Amendment to RFP No. 2015GRPHM001

I, Rob Salley, acknowledge that RFP No. has been amended on
Authorized Official's Name

12-15-15 to include the following:
Date

"NO AMENDMENTS INCLUDED"

I, Rob Salley, understand that proposals will **only** be accepted from
Authorized Official's Name

proposers who submit this acknowledgement of amendment #_____.

Sunnybrook Children's Home, Inc.
Name of Company

Rob Salley / Executive Director
Authorized Official's Typed Name/Title

Signature of Authorized Official

12/15/15 **(No stamped signature)**
Date

This acknowledgement should be enclosed in accordance with the instructions located in Section 18.1 of this RFP.

Exhibit G

Prospective Contractor's Representation Regarding Contingent Fees

The prospective contractor (Sunnybrook Children's Home, Inc.) represents that it has / has not (please circle the appropriate answer) retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

R Holley 12/15/15

Signature of Authorized Official/ Title Date

(No stamped signature)

Exhibit H

Budget Narrative*

Specific Category of Service	Hourly/Daily/Monthly Rate	No. of Hours/Days/Months	Amount
1. Please see the information for Exhibit H located in the Budget Narrative.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total Amount: $_____

***Must include an itemized breakdown of the above-referenced budget categories and explain how each line item was calculated. All pricing should be based on contract deliverables on page 1 and include all associated costs with no additional or hidden fees.**

Exhibit J

Proposal Exception Summary Form

List and clearly explain any exceptions, for all RFP Sections and Exhibits, in the table below.

RFP Reference	Proposer Proposal Reference	Brief Explanation of Exception	MDHS Acceptance (sign here only if accepted)
Reference specific outline point to which exception is taken	Page, section, items in Proposer's proposal where exception is explained	Short description of exception being made.	
Insurance Requirements – Employee Dishonesty Insurance or Fidelity Bond Insurance	Page 22, Section 3.1	Due to the exorbitant costs associated with Employee Dishonesty Insurance and third party liability insurance, Sunnybrook currently maintains Employee Dishonesty Insurance with limits of $200,000 and does not have third party liability insurance.	

Appendix 1

Forms Included:

- Initial Strengths and Needs Assessment
- Treatment Family Team Meeting
- Discharge Family Team Meeting
- Individualized Treatment Plan

* As the forms indicate, Sunnybrook anticipates capturing the data on the Initial Strengths and Needs Assessment, the Treatment Family Team Meeting, and Discharge Family Team Meeting simultaneously initially, and possibly at key dates thereafter. The Individualized Treatment Plan is intended to be stand-alone document.

Assessment(s)

(Please check one to three assessments)

Youth: _____ **Date:** _____

COR: _____ **COR Worker:** _____

☐ Child and Family Strengths and Needs Assessment
- ☐ Initial
- ☐ Ongoing

☐ Treatment Plan Family Team Meeting
- ☐ Initial - To be held within 72 hours of child entering Sunnybrook
  - ☐ Weekly within the first 30 days of child's placement
  - ☐ Monthly after the first 30 days of placement

☐ Discharge
- ☐ Initial – within 14 days of child entering Sunnybrook
- ☐ Final – within 14 days of child leaving Sunnybrook
- ☐ Emergency – within 48 hours of emergency discharge

Essential Team Members Notified of Meeting on the following Date(s):

_____	_____	_____
☐ Letter	☐ Letter	☐ Letter
☐ E-mail	☐ E-mail	☐ E-mail
☐ Phone	☐ Phone	☐ Phone
☐ Other:	☐ Other:	☐ Other:

Essential Team Members Present:

☐ DFCS County of Responsibility	[☐ In Person; ☐ Conference Call; ☐ Other:_____]
☐ Child (if age appropriate)	[☐ In Person; ☐ Conference Call; ☐ Other:_____]
☐ Parents of child (if appropriate)	[☐ In Person; ☐ Conference Call; ☐ Other:_____]
☐ Potential Relative Placement	[☐ In Person; ☐ Conference Call; ☐ Other:_____]
☐ Sunnybrook Staff	[☐ In Person; ☐ Conference Call; ☐ Other:_____]

Other Team Members Present (Please list name and title):

Child and Family Initial and Ongoing Strengths and Needs Assessment

[To be completed upon intake]

Please list all important connections in a child's life and the potential for strengthening the connections into relationships that can lead to permanency.	
Connection (family member, etc.)	Potential:
	☐ High ☐ Medium ☐ Low
	☐ High ☐ Medium ☐ Low
	☐ High ☐ Medium ☐ Low
	☐ High ☐ Medium ☐ Low
	☐ High ☐ Medium ☐ Low
	☐ High ☐ Medium ☐ Low

Please describe the child's presenting physical and mental status:
Physical:
Previous known psychiatric issues:
Previous inpatient/ outpatient psychiatric :
Family history of mental illness:
Pervious counseling and/or therapeitic experiences:
Other mental health history:

Substance Abuse History:
Does the child have a history of substance abuse? ☐ Yes ☐ No If yes, please answer:
What?
How much?
How often?
Age of onset?
What has been learned regarding history?

Treatment Goals
[Please list treatment goals needed to transition to permanency]

Medical History
Current or past medical problems:
Current or past medical alert needs:
Allergies:
Physical Impairments:
Present Medications:
Medication History of Child:
Appetite issues or problems:
Sleep Issues:
Current or Chronic Diseases:
Special Dietery Need(s) of child:
Other pertinent medical information:
Pertinent Family medical history:

General Evaluation of Youth's Functioning
On a scale from 1 (lowest) to 10 (highest), what is the child's capacity for community living?
Score:
Reason(s) for score:
On a scale from 1 (lowest) to 10 (highest), what is the child's current family support status?
Score:
Please describe the family's current status and involvement:

Risk Factors			
Suicide:	☐ High	☐ Medium	☐ Low
Running Away	☐ High	☐ Medium	☐ Low
Violence:	☐ High	☐ Medium	☐ Low
Sexual Behavior:	☐ High	☐ Medium	☐ Low

Strengths, Personal Goals, and Projected Needs
Child's Current Strengths:
Child's Persoal Goals:
Projected needs for child to reach permanency:
Projected needs for parent(s) or other family to reach permanency:

Educational History
Child's current grade:
Is the child eligible for special educational services? ☐ Yes ☐ No ☐ Unknown
Educational Interests:
Extracurricular interests:
Summary of child's developmental abilities and areas of concern or needs:

Trauma & Loss History and Explanation of Trauma & Loss Triggers
Serious accidents:
Natural disaster:
Witness a traumatic event:
Sexual assault:
Physical assault:
Childhood sexual molestation:
Close friend for family member murdered:
Homelessness:
Victim of stalking or bullying:
Other: Possible emotional or behavioral disruptions associated with these traumas: Trauma Triggers (what events, actions, or thoughts triggers a traumatic memory?)
Significant Losses the child has experienced:
Removal from Home:
Removal from Family/Friends:
Removal from School:
Removal from Neighborhood:
Removal from Daily Routine:
Other: Effective personal coping strategies for dealing with losses: Loss Triggers (what events, actions, or thoughts trigger a loss memory?)

Child's Desires , Hopes, Wishes, and Expressed Goals
What is the child's desires, hopes, wishes and expressed goals for his or her own life and permanent connections: What does the child enjoy doing and is good at?

Treatment Plan Family Team Meeting

[To be completed within the first seventy-two hours of placement at Sunnybrook;
Weekly during the first 30 days of placement;
Monthly after the first 30 days of placement for the duration of placment at Sunnybrook.]

Have their been any significant changes to the strengths and needs assessment? If so, please list the section(s) and data that has changed:

What is the current permanent plan for the child?

When is the next scheduled court hearing regarding permanency?

Visitation
Is the child currently on a visitation schedule? ☐ Yes ☐ No
If so, with whom?
When is/ are the visit(s) to take place?
Where is/are the visit(s) to take place?
Are the visits to be supervised? ☐ Yes ☐ No
If yes, who is to supervise the visits?

Medical, Dental, and Mental Health Needs
Does the child have any outstanding medical, dental, or mental health needs? ☐ Yes ☐ No If yes, what are they are what is the plan to meet the need(s):

Have there been any change(s) in the child's developmental abilities? ☐ Yes ☐ No
If yes, please list:

Have there been any changes in understanding the child's and family's strengths, coping mechanisms, or behavioral challenges related to his or her trauma, loss, and education history? If yes, what are they, and how do they affect the treatment plan?

Note: The DFCS COR shall provide names and contact information for the required and optional attendees. In the event that all parties who were scheduled to attend do not, Sunnybrook shall conuct the meeting and provide written updates to the parties that were unable to attend.

Discharge Planning

First Discharge Planning meeting for the successful transition of the child back into their family or the identified next best placement shall be held within 14 days of placement.
The final Discharge Planning meeting must be held two weeks prior to the child's discharge from the provider.
Emergency discharge meetings must be held within 48 hours of discharge.

_____(Child's name) is being discharged to:
☐ College:
☐ Reunified with his or her family of origin:
☐ Adoption:
☐ Higher level of care:
☐ Another agency of the same level of care:
☐ Homelessness:
☐ Runaway without readmission:
☐ Detention or jail without return to the program:
☐ None - Youth will remain at Sunnybrook:
☐ Other:

Synopsis of treatment progress as reported by the mental health provider:

Progress needed toward other stated goals (please state goal(s) and needed progress):

How will the youth transition his or her educational needs?

Youth's medical history and current physical health and needs:

Upcoming appointments:

Special dietary needs:

Trauma triggers:

Social, emotional, and behavioral issues:

Child's interest(s):

Important connections:

Coping Strategies:

Tangible Needs

Role(s) and responsibilities of each Team member in transition process

Individualized Treatment Plan

[The initial treatment plan will be completed within thirty (30) days of admission to the program and will be updated on an ongoing basis. The treatment plan must include the participation of the Child's Family Team, as defined by the child's MDHS COR, and shall be approved and signed by all participants]

Treatment Goals
What are the treatment goals that address the child's permenant and concurrent plan as developed by MDHS?

Trauma Prevention
Please provide a brief synoposis of the child's trauma and loss history:
What are the child's trauma triggers?
What is the child's current coping stragegy for dealing with the trauma trigger(s)?
How can the child's capacity for emotional regulation be improved?

Unique/ Indivialized needs and strengths of childern and their family
What are unique/ individualized needs of the child and his or her family?
What are strengths the child and family possess?
How are these strengths being utilized in the child's plan for reunification/ next steps?

Mental Health and Crisis Intervention
Is the child in current need of mental health services? ☐ Yes ☐ No If yes, how will the need be met? [Note: *Mental health needs must be made in conjunction with the child's and family's permanency plan]* What crisis intervention plan(s)/ strategies will be used in addressing mental health needs?

Education/ Vocation
Does the child have a current Individualized Education Plan (IEP) ☐ Yes ☐ No Is the child in need of being evaluated for an IEP? ☐ Yes ☐ No If yes, what is the plan for evaluating the child for an IEP? Has the child met age appropriate develomental milestones? ☐ Yes ☐ No If no, what milestone(s) has the child not met, and what are the developmental goals needed to met them? Does the child need any further planning for treating not previously mentioned intellectual and developmental delays? ☐ Yes ☐ No If yes, what is the delay, and what is the plan for addressing it?

Health Needs
Is the child up to date on all of his or her medical and dental needs? ☐ Yes ☐ No
If no, what needs to be done?
Does the child need any further medical necessity? ☐ Yes ☐ No
If so, how will it be provided?
Are the child's medications being managed according to Dr.'s orders? ☐ Yes ☐ No
Is the child in need of alcohol and drug awareness and/or education? ☐ Yes ☐ No
If yes, where and how will it be provided?
Is the child in need of alochol and drug treatment? ☐ Yes ☐ No
If yes, how will the services be provided?

Social/ Independent Living
What independent living skills and strategies are needed to complement those offered by DFCS's Contracted Independent Living /Skills provider?

Permanent Connections
What family supports and/or other important connections does the child have? What is the plan to engage in these connections? What is the plan for integrating the child back into his/her biological family or identifying an appropriate foster or adoptive home? What is the visitation plan for the child and his or her family and/or siblings? [Frequency, will it be supervised, where will it occur, etc.] Are there any further strategies for reunification, foster parent, or adoption recruitment? ☐ Yes ☐ No If yes, what are they?

Recreation
What are plans for fun activities that would allow family, siblings, and others to build connections and relationships to add normalcy to a child's life?

Appendix 2

Data Included:

- Letter from MDHS/ DFCS granting current license
- Copies of License certificates for Sunnybrook's 5 cottages.
- Letter from MDHS granting Sunnybrook its current contract (# 8200007028; July 1, 2015 to February 29, 2016)

STATE OF MISSISSIPPI
Phil Bryant, Governor
DEPARTMENT OF HUMAN SERVICES
Richard A. Berry, Executive Director

May 27, 2015

Dr. Rob Salley, Executive Director
Sunnybrook Children's Home, Inc.
Post Office Box 4871
Jackson, Mississippi 39296-4871

Dear Mr. Salley:

The Mississippi Department of Human Services, Division of Family and Children's Services, is pleased to renew your license. The effective period of the license is from June 1, 2015, through May 31, 2016.

If you have any questions, please contact Mrs. Linda Owens-Simpson, Program Manager, Licensure, at (601) 359-4656.

Sincerely,

Mike Gallarno, Director
Division of Family and Children's Services

MG:LOS:los

Enclosure

Pc: Chandar Turner

THE STATE OF MISSISSIPPI

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

LICENSE

A LICENSE IS HEREBY GRANTED TO SUNNYBROOK CHILDREN'S HOME - COTTAGE # 1 FOR GIRLS

AT 222 SUNNYBROOK STREET *CITY OF* RIDGELAND, MS *COUNTY OF* MADISON

TO PROVIDE RESIDENTIAL CHILD CARE SERVICES FOR TEN (10) FEMALES, AGES SIX (6) THROUGH TWENTY (20) YEARS

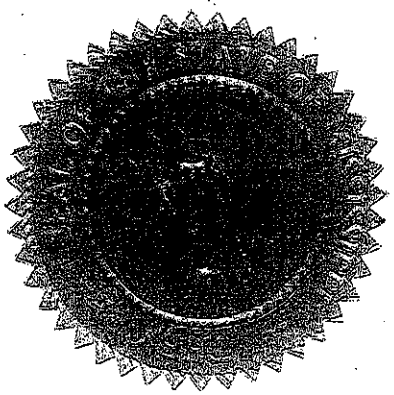
IN COMPLIANCE WITH THE STATE OF MISSISSIPPI THROUGH THE DIVISION OF FAMILY AND CHILDREN'S SERVICES. THIS LICENSE SHALL BE IN FORCE FROM THE 1ST *DAY OF* JUNE, *2015, TO THE* 31ST *DAY OF* MAY, *2016, AND REMAINS IN EFFECT UNLESS VOLUNTARILY SURRENDERED BY LICENSEE, REVOKED, RESTRICTED OR REDUCED TO A PROVISIONAL OR PROBATIONARY LICENSE.*

THIS LICENSE IS GRANTED PURSUANT TO THE AUTHORITY VESTED IN THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES IN ACCORDANCE WITH SECTION 43-15-5, OF THE MISSISSIPPI CODE OF 1972, ANNOTATED.

THIS LICENSE IS NOT TRANSFERABLE

WITNESS MY HAND AND THE SEAL OF THE STATE OF MISSISSIPPI THIS 27th *DAY OF* MAY, *2015.*

RESOURCE NUMBER 112-58-1316



M. Gallaway

DIRECTOR, DIVISION OF FAMILY AND CHILDREN'S SERVICES

THE STATE OF MISSISSIPPI

DEPARTMENT OF HUMAN SERVICES

DIVISION OF FAMILY AND CHILDREN'S SERVICES

LICENSE

A LICENSE IS HEREBY GRANTED TO SUNNYBROOK CHILDREN'S HOME - COTTAGE # 2 FOR GIRLS

AT 222 SUNNYBROOK STREET *CITY OF* RIDGELAND, MS *COUNTY OF* MADISON

TO PROVIDE RESIDENTIAL CHILD CARE SERVICES FOR TEN (10) FEMALES, AGES SIX (6) THROUGH TWENTY (20) YEARS

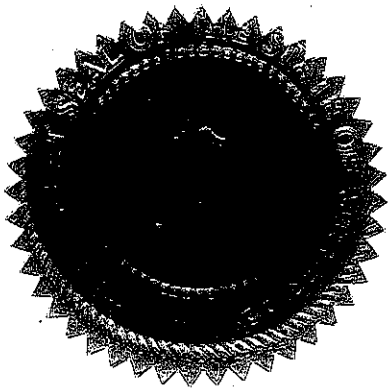
IN COMPLIANCE WITH THE STATE OF MISSISSIPPI THROUGH THE DIVISION OF FAMILY AND CHILDREN'S SERVICES. THIS LICENSE SHALL BE IN FORCE FROM THE 1ST *DAY OF* JUNE, *2015, TO THE* 31ST *DAY OF* MAY, *2016, AND REMAINS IN EFFECT UNLESS VOLUNTARILY SURRENDERED BY LICENSEE, REVOKED, RESTRICTED OR REDUCED TO A PROVISIONAL OR PROBATIONARY LICENSE.*

THIS LICENSE IS GRANTED PURSUANT TO THE AUTHORITY VESTED IN THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES IN ACCORDANCE WITH SECTION 43-15-5, OF THE MISSISSIPPI CODE OF 1972, ANNOTATED.

THIS LICENSE IS NOT TRANSFERABLE

WITNESS MY HAND AND THE SEAL OF THE STATE OF MISSISSIPPI THIS 27th *DAY OF* MAY, *2015.*

RESOURCE NUMBER 112-58-1316



DIRECTOR, DIVISION OF FAMILY AND CHILDREN'S SERVICES

THE STATE OF MISSISSIPPI

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

LICENSE

A LICENSE IS HEREBY GRANTED TO SUNNYBROOK CHILDREN'S HOME - COTTAGE # 3

AT 222 SUNNYBROOK STREET *CITY OF* RIDGELAND, MS *COUNTY OF* MADISON

TO PROVIDE RESIDENTIAL CHILD CARE SERVICES FOR TEN (10) RESIDENTS, AGES SIX (6) THROUGH TWENTY (20) YEARS

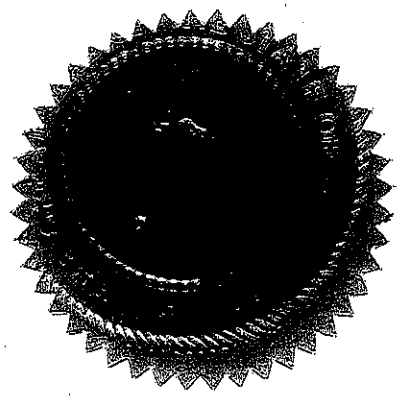
IN COMPLIANCE WITH THE STATE OF MISSISSIPPI THROUGH THE DIVISION OF FAMILY AND CHILDREN'S SERVICES. THIS LICENSE SHALL BE IN FORCE FROM THE 1ST *DAY OF* JUNE, *2015, TO THE* 31ST *DAY OF* MAY, *2016, AND REMAINS IN EFFECT UNLESS VOLUNTARILY SURRENDERED BY LICENSEE, REVOKED, RESTRICTED OR REDUCED TO A PROVISIONAL OR PROBATIONARY LICENSE.*

THIS LICENSE IS GRANTED PURSUANT TO THE AUTHORITY VESTED IN THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES IN ACCORDANCE WITH SECTION 43-15-5, OF THE MISSISSIPPI CODE OF 1972, ANNOTATED.

THIS LICENSE IS NOT TRANSFERABLE

WITNESS MY HAND AND THE SEAL OF THE STATE OF MISSISSIPPI THIS 27th *DAY OF* MAY, *2015.*

RESOURCE NUMBER 112-58-1316



DIRECTOR, DIVISION OF FAMILY AND CHILDREN'S SERVICES

THE STATE OF MISSISSIPPI

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

LICENSE

A LICENSE IS HEREBY GRANTED TO SUNNYBROOK CHILDREN'S HOME - COTTAGE # 4 FOR BOYS

AT 222 SUNNYBROOK STREET *CITY OF* RIDGELAND, MS *COUNTY OF* MADISON

TO PROVIDE RESIDENTIAL CHILD CARE SERVICES FOR TEN (10) MALES, AGES SIX (6) THROUGH TWENTY (20) YEARS

IN COMPLIANCE WITH THE STATE OF MISSISSIPPI THROUGH THE DIVISION OF FAMILY AND CHILDREN'S SERVICES. THIS LICENSE SHALL BE IN FORCE FROM THE 1ST *DAY OF* JUNE, *2015, TO THE* 31ST *DAY OF* MAY, *2016, AND REMAINS IN EFFECT UNLESS VOLUNTARILY SURRENDERED BY LICENSEE, REVOKED, RESTRICTED OR REDUCED TO A PROVISIONAL OR PROBATIONARY LICENSE.*

THIS LICENSE IS GRANTED PURSUANT TO THE AUTHORITY VESTED IN THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES IN ACCORDANCE WITH SECTION 43-15-5, OF THE MISSISSIPPI CODE OF 1972, ANNOTATED.

THIS LICENSE IS NOT TRANSFERABLE

WITNESS MY HAND AND THE SEAL OF THE STATE OF MISSISSIPPI THIS 27th *DAY OF* MAY, *2015.*

RESOURCE NUMBER 112-58-1316

M. Sella

DIRECTOR, DIVISION OF FAMILY AND CHILDREN'S SERVICES

THE STATE OF MISSISSIPPI

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

LICENSE

A LICENSE IS HEREBY GRANTED TO SUNNYBROOK CHILDREN'S HOME - COTTAGE # 6 FOR BOYS

AT 222 SUNNYBROOK STREET *CITY OF* RIDGELAND, MS *COUNTY OF* MADISON

TO PROVIDE RESIDENTIAL CHILD CARE SERVICES FOR TEN (10) MALES, AGES SIX (6) THROUGH TWENTY (20) YEARS

IN COMPLIANCE WITH THE STATE OF MISSISSIPPI THROUGH THE DIVISION OF FAMILY AND CHILDREN'S SERVICES. THIS LICENSE SHALL BE IN FORCE FROM THE 1ST *DAY OF* JUNE, *2015, TO THE* 31ST *DAY OF* MAY, *2016, AND REMAINS IN EFFECT UNLESS VOLUNTARILY SURRENDERED BY LICENSEE, REVOKED, RESTRICTED OR REDUCED TO A PROVISIONAL OR PROBATIONARY LICENSE.*

THIS LICENSE IS GRANTED PURSUANT TO THE AUTHORITY VESTED IN THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES IN ACCORDANCE WITH SECTION 43-15-5, OF THE MISSISSIPPI CODE OF 1972, ANNOTATED.

THIS LICENSE IS NOT TRANSFERABLE

WITNESS MY HAND AND THE SEAL OF THE STATE OF MISSISSIPPI THIS 27th *DAY OF* MAY, *2015.*

RESOURCE NUMBER 112-58-1316

DIRECTOR, DIVISION OF FAMILY AND CHILDREN'S SERVICES

STATE OF MISSISSIPPI
Phil Bryant, Governor
DEPARTMENT OF HUMAN SERVICES
Richard A. Berry, Executive Director

June 24, 2015

Mr. Rob Salley
Executive Director
Sunnybrook Children's Home, Inc.
Post Office Box 4871
Jackson, Mississippi 39296

Dear Mr. Salley:

Enclosed is your 2015 Modification #2 for Contract number 8200007028 in the amount of $335,500.00. The effective date of this contract modification is July 1, 2015, with an ending date of February 29, 2016.

If you have questions concerning this contract modification, please contact Brian Lewis, Bureau Director, Division of Family and Children's Services at (601) 359-4323.

Sincerely,

Richard A. Berry

RAB:BL:ta

Enclosure

MODIFICATION NUMBER #2
TO THE AGREEMENT BY AND BETWEEN
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
AND
SUNNYBROOK CHILDREN'S HOME, INC.

The following Amendment, effective July 1, 2015 is made a part of the contract, dated June 26, 2013 entered into by and between the Mississippi Department of Human Services (MDHS) Division of Family and Children's Services (DFCS), and Sunnybrook Children's Home, Inc.

Now, therefore, in consideration of the mutual agreements to modify the original contract between them, MDHS and "Independent Contractor", do hereby agree that Paragraphs 4, 5 and 30 of said contract shall be modified to reflect the following:

4. **Period of Performance**. The period of performance of services under this Contract shall begin on July 1, 2013 and end on February 29, 2016.

5. **Consideration and Method of Payment.**

A. As consideration for the performance of this Contract, the Independent Contractor shall be paid a fee not to exceed Five Hundred Twenty Four Thousand One Hundred Forty Dollars and Zero Cents ($524,140.00) for SFY 2014 during July 1, 2013 through June 30, 2014 for all services and expenses of this Contract. Modification #1 increased by Five Hundred Twenty Four Thousand One Hundred Forty Dollars and Zero Cents ($524,140.00) for SFY2015 during July 1, 2014 through June 30, 2015 for all services and expenses of this Contract. Modification #2 increased by Three Hundred Thirty Five Thousand Five Hundred Dollars and Zero Cents ($335,500.00) during SFY2016 for July 1, 2015 through February 29, 2016. It is expressly understood and agreed that in no event shall the total compensation paid hereunder exceed the specified amount of One Million Three Hundred Eighty Three Thousand Seven Hundred Eighty Dollars and Zero Cents ($1,383,780.00). (*Exhibit C-2, Budget*)

B. The Independent Contractor will bill MDHS for its services on a monthly basis. Following the satisfactory completion, as determined by MDHS, of its monthly services, the State requires the Independent Contractor to submit invoices electronically throughout the term of the agreement. Invoices shall be submitted to MDHS using the processes and procedures identified by the State. The appropriate documentation shall be submitted on the last working day of the month, with the final invoice to be submitted within five (5) working days after the contract ending date.

PAYMODE: Payments by state agencies using the Mississippi's Accountability System For Government Information and Collaboration (MAGIC) shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of the Independent Contractor's choice. The State may, at its sole discretion, require the Independent Contractor to submit invoices and supporting documentation electronically, at any time, during the term of this Agreement. Independent Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

E-PAYMENT: Independent contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. MDHS agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies," Mississippi Code Annotated 31-7-301, et. seq., which generally provides for payment of undisputed amounts by MDHS within forty-five (45) days of receipt of invoice.

30. Entire Agreement. It is understood and agreed that this Modification Number 2 and the documents listed below constitute the entire understanding of the parties with respect to the subject matter contained herein and supersede and replace any and all prior negotiations, understandings and agreements, written or oral, between the parties relating thereto. The entire agreement made by and between the parties hereto shall consist of, and precedence is hereby established by the order of, the following documents incorporated herein:

1. Modification Number 2; Exhibit C-2 and Exhibit A-1.

2. Modification Number 1, Exhibit C-1 and Exhibit A-1.

3. This Contract signed by the parties herein and any Exhibits attached hereto.

4. The Request for Proposals dated March 4, 2013, Response to Proposals dated April 1, 2013 and the written clarification or answers provided by MDHS.

The documents are complementary, and what is required by one shall be binding as if required by all. A higher document shall supersede a lower order document to the extent necessary to resolve any conflict or inconsistency arising under the various provisions thereof; provided, however, that in no event an issue is addressed in one of the above-mentioned documents but is not addressed in another of such documents, no conflict or inconsistency shall be deemed to occur by reason thereof. The documents listed above are shown in descending order or priority, that is, the highest document begins with the first listed document (1. "Modification Number 2; Exhibit C-2, Exhibit A-1) and the lowest document is listed last, and (4. "The Request for Proposals dated March 4, 2013, Response to Proposals dated April 1, 2013").

All other terms, conditions, and provisions set out in the original contract other than those modified and amended, which are not in conflict with this Modification Number 2, shall remain in full force and effect for the duration of the contract.

IN WITNESS WHEREOF, the parties have executed this Modification Number 2, in duplicate, on the date appearing with their respective signature below.

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

BY: _____
Signature

TITLE: Deputy Executive Director

DATE: 6/26/15

WITNESSES:

_____

_____

SUNNYBROOK CHILDREN'S HOME, INC.

BY: _____
Signature

DATE: 6/17/15

WITNESSES:

_____

Lucky Waites

EVALUATIONS

- Score Sheet
- Evaluation Panel Sign-in Sheet
- Evaluation Form(s)

RFP REVIEW/EVALUATION PANEL SIGN IN SHEET

MDHS/DIVISION OF FAMILY & CHILDREN'S SERVICES
RFP #2015GRPHM001-GROUP HOME SERVICES

Proposal Reviews – Room #213-2nd Floor Training Room A	Date: January 5, 2016

#1	Review Panel Member Name	Signature	Division	Phone Extension
0001	Tamika Fabiano	Tamika Fabiano	Aging & Adult Svcs.	4318
0002	Kneshe Thomas	Kneshe Thomas	Budgets & Accounting	4704
0003	Nancy Saldaña	Nancy Saldaña	ECCD	4555
0004				
0005				
0006				
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0011				
0012				

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY & CHILDREN'S SERVICES
RFP #2015GRPHM001

Date of Ranking: 01/05/16
Applicant Name/Organization: Emily's Home Inc.
Applicant Number: 1

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	25	15	15	8	17.17	80.17
2 K. Thomas	25	17	7	15	12.18	76.18
3 N. Saldana	25	12	15	8	12.18	72.18

Total Ranking Score: 76.18

Date of Ranking: 01/05/16
Applicant Name/Organization: Naomi Residential Facility
Applicant Number: 2

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	13	9	10	15	25.00	72.00
2 K. Thomas	13	20	15	15	25.00	88.00
3 N. Saldana	13	9	15	15	25.00	77.00

Total Ranking Score: 79.00

Date of Ranking: 01/05/16
Applicant Name/Organization: Berean Children's Home, Inc.
Applicant Number: 3

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	25	20	15	15	19.58	94.58
2 K. Thomas	25	15	15	15	19.58	89.58
3 N. Saldana	25	20	15	8	19.58	87.58

Total Ranking Score: 90.58

Date of Ranking: 01/05/16
Applicant Name/Organization: APM Hill View Children's Home
Applicant Number: 4

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	18	9	7	15	14.10	63.10
2 K. Thomas	13	12	12	15	19.10	71.10
3 N. Saldana	18	17	12	15	14.10	76.10

Total Ranking Score: 70.10

Date of Ranking: 01/05/16
Applicant Name/Organization: Anointed Oasis Ministry for Children
Applicant Number: 5

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	13	17	10	15	19.66	74.66
2 K. Thomas	25	12	10	8	24.66	79.66
3 N. Saldana	13	14	10	15	19.66	71.66

Total Ranking Score: 75.33

Date of Ranking: 01/05/16
Applicant Name/Organization: Executive Leaders of Tomorrow
Applicant Number: 6

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	25	15	10	15	13.68	78.68
2 K. Thomas	25	20	10	15	18.68	88.68
3 N. Saldana	25	20	10	8	13.68	76.68

Total Ranking Score: 81.35

Date of Ranking: 01/05/16
Applicant Name/Organization: Pine Vale Children's Home
Applicant Number: 7

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	25	20	15	15	16.34	91.34
2 K. Thomas	25	20	15	15	16.34	91.34
3 N. Saldana	25	20	15	15	16.34	91.34

Total Ranking Score: 91.34

Date of Ranking: 01/05/16
Applicant Name/Organization: Deliverance Group Home
Applicant Number: 8

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	25	15	5	0	19.85	64.85
2 K. Thomas	25	15	5	0	19.85	64.85
3 N. Saldana	25	20	7	8	19.85	79.85

Total Ranking Score: 69.85

Date of Ranking: 01/05/16
Applicant Name/Organization: Rays Of Sunshine
Applicant Number: 9

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	25	15	15	15	16.23	86.23
2 K. Thomas	25	15	15	15	16.23	86.23
3 N. Saldana	25	20	15	15	16.23	91.23

Total Ranking Score: 87.90

Date of Ranking: 01/05/16
Applicant Name/Organization: Sunnybrook Children's Home
Applicant Number: 10

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	25	17	15	15	19.72	91.72
2 K. Thomas	25	20	15	15	19.72	94.72
3 N. Saldana	25	20	15	15	19.72	94.72

Total Ranking Score: 93.72

Date of Ranking: 01/05/16
Applicant Name/Organization: Millcreek Of Pontotoc
Applicant Number: 11

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	25	17	10	15	16.54	83.54
2 K. Thomas	25	20	15	15	16.54	91.54
3 N. Saldana	25	20	15	15	16.54	91.54

Total Ranking Score: 88.87

Date of Ranking: 01/05/16
Applicant Name/Organization: Copiah County Children's Group Home
Applicant Number: 12

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	13	7	0	0	19.45	39.45
2 K. Thomas	13	9	5	0	19.45	46.45
3 N. Saldana	25	12	0	0	19.45	56.45

Total Ranking Score: 47.45

Date of Ranking: 01/05/16
Applicant Name/Organization: Heaven Bound Theraputic Group Home
Applicant Number: 13

Panel Member	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Total Score (Add 1 - 5)
	25	20	15	15	25	100
1 T. Forkner	25	15	15	15	13.54	83.54
2 K. Thomas	25	15	15	15	18.54	88.54
3 N. Saldana	25	20	15	15	18.54	93.54

Total Ranking Score: 88.54

Public Records Act

The Mississippi Department of Human Services has received and expects to continue to receive requests from the public for the release of information regarding proposals. These requests for disclosure may include the following information:

- Names of persons or organizations who submitted proposals
- Copies of the proposals
- Names of persons or organizations receiving funding
- Names of persons or organizations not receiving funding
- Individual and cumulative scores received by all proposers
- Amounts of contract awards, if any
- Names of contact persons, mailing addresses, phone numbers
- Other information related to the proposal or contract agreement
- Names of reviewers for the proposal

This is public information under the Mississippi Public Records Act and is subject to disclosure to the public. Please complete the section below stating whether you want your name released to the public.

Please Initial One:

✓ I do not want my name released to the public. ____You may release my name to the public.

I have read the above.

Reviewer Printed Name Tamika Fortner

Reviewer Signature Tamika Fortner Date 1/5/16

Witness Jennifer Brantley Date 1/5/16

For Division of FAMILY & CHILDREN SERVICES **Use Only:**

Name of Person: _____

Number Assigned: 0 0 0 1

CONFIDENTIALITY/NON-DISCLOSURE STATEMENT

REQUEST FOR PROPOSALS (RFP)

RFP #2015GRPHM001

I will not disclose any information obtained in reviewing proposals under this solicitation to anyone not also participating in this review. Specifically, I will not disclose the number of respondents to the solicitation; the names of individuals and organizations that respond; nor will I disclose any information from technical or cost/pricing submissions of these offerors; except to other reviewers officially assigned to this solicitation.

Finally, if anyone outside the official review chain seeks information about the procurement, I will not supply any information but will refer him or her to Kenya J. Johnson, RFP Chairperson.

Reviewer Printed Name Knesha Thomas

Reviewer Signature Knesha Thomas Date 1/5/16

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY & CHILDREN'S SERVICES

APPLICATION FOR REVIEW/EVALUATION PANEL

RFP No.: **2015GRPHM001** Date: 1/5/16

Name: Kinesha Thomas

Sex: Female Race: African-American

Job Title: Accountant / Auditor II Division: Budgets & Accounting

Work Mailing Address: 750 North State Street Jackson, MS 39202

Work Telephone No. : 601-359-4704

Work Assignment/Experience: Accounts Payable / Processing invoices for payment

Do you currently serve as a board member of a non-profit, community-based or private organization?

Yes (please list) _____

No

Statement of Confidentiality

I, the undersigned, serving as a member of the Review/Evaluation Panel for the above proposal, agree that the proceedings of the Review/Evaluation Panel are the information of members only and shall be regarded as confidential. In practice this means that access to all papers, including applications, is limited to members of the Review/Evaluation Panel. Deliberations and recommendations shall not be discussed with persons outside the panel without specific authority of the Director/Administrator convening the panel. Decisions reached by the Review/Evaluation Panel are confidential until announced formally through the appropriate Agency channels.

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- Names of persons or organizations who submitted proposals
- Copies of the proposals
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- Other information related to the proposal or contract agreement
- Names of reviewers for the proposal

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Please Initial One:

_✓_ I do not want my name released to the public. ____ You may release my name to the public.

I have read the above.

Reviewer Printed Name Knesha Thomas

Reviewer Signature Knesha Thomas Date 1/5/16

Witness Jennifer Brantley Date 1/5/16

For Division of FAMILY & CHILDREN SERVICES **Use Only:**

Name of Person: KNESHA THOMAS

Number Assigned: 0 0 0 2

CONFIDENTIALITY/NON-DISCLOSURE STATEMENT

REQUEST FOR PROPOSALS (RFP)

RFP #2015GRPHM001

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Finally, if anyone outside the official review chain seeks information about the procurement, I will not supply any information but will refer him or her to Kenya J. Johnson, RFP Chairperson.

Reviewer Printed Name Nancy Saldaña

Reviewer Signature Nancy Saldaña Date 01/15/16

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY & CHILDREN'S SERVICES

APPLICATION FOR REVIEW/EVALUATION PANEL

RFP No.: **2015GRPHM001** Date: 1/5/16

Name: Nancy Saldana

Sex: F Race: Hisp

Job Title: Admin. Asst Division: ECCD

Work Mailing Address: 750 N. State st

Work Telephone No. : 601-359-4555

Work Assignment/Experience:

Do you currently serve as a board member of a non-profit, community-based or private organization?

Yes (please list) N/A

No

Statement of Confidentiality

I, the undersigned, serving as a member of the Review/Evaluation Panel for the above proposal, agree that the proceedings of the Review/Evaluation Panel are the information of members only and shall be regarded as confidential. In practice this means that access to all papers, including applications, is limited to members of the Review/Evaluation Panel. Deliberations and recommendations shall not be discussed with persons outside the panel without specific authority of the Director/Administrator convening the panel. Decisions reached by the Review/Evaluation Panel are confidential until announced formally through the appropriate Agency channels.

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- Names of persons or organizations who submitted proposals
- Copies of the proposals
- Names of persons or organizations receiving funding
- Names of persons or organizations not receiving funding
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- Amounts of contract awards, if any
- Names of contact persons, mailing addresses, phone numbers
- Other information related to the proposal or contract agreement
- Names of reviewers for the proposal

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Please Initial One:

✓ I do not want my name released to the public. ____You may release my name to the public.

I have read the above.

Reviewer Printed Name Nancy Saldana

Reviewer Signature Nancy Saldana Date 1/5/16

Witness Jerrika Brantley Date 1/5/16

For Division of FAMILY & CHILDREN SERVICES **Use Only:**

Name of Person: NANCY SALDANA

Number Assigned: 0 0 0 3

CONFIDENTIALITY/NON-DISCLOSURE STATEMENT

REQUEST FOR PROPOSALS (RFP)

RFP #2015GRPHM001

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Finally, if anyone outside the official review chain seeks information about the procurement, I will not supply any information but will refer him or her to Kenya J. Johnson, RFP Chairperson.

Reviewer Printed Name Tamika Forkner

Reviewer Signature Tamika Forkner Date 1/5/16

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY & CHILDREN'S SERVICES

APPLICATION FOR REVIEW/EVALUATION PANEL

RFP No.: **2015GRPHM001** Date: 1/5/16

Name: Tamika Fortner

Sex: Female Race: African American

Job Title: Older Adult Nutrition Program Director Division: Aging & Adult Services

Work Mailing Address: 750 North State St., Jackson, MS 39209

Work Telephone No. : 601-359-4318

Work Assignment/Experience: _____

Do you currently serve as a board member of a non-profit, community-based or private organization?

Yes (please list) _____

No

Statement of Confidentiality

I, the undersigned, serving as a member of the Review/Evaluation Panel for the above proposal, agree that the proceedings of the Review/Evaluation Panel are the information of members only and shall be regarded as confidential. In practice this means that access to all papers, including applications, is limited to members of the Review/Evaluation Panel. Deliberations and recommendations shall not be discussed with persons outside the panel without specific authority of the Director/Administrator convening the panel. Decisions reached by the Review/Evaluation Panel are confidential until announced formally through the appropriate Agency channels.

80.17

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Emily's Home

Proposer #: #1

Name of Evaluation Panel Member: Tamika Forkner
(Print)

Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Very Descriptive account of How Services will be performed.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				15
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	~~2~~	5	TF ~~2~~ 5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): No References, new facility and CEO has significant background/experience in this area, which is very important.

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): I would like more information on who/how many they plan to hire.

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				8
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	8

Comments (i.e., include any missing information and specific detail): This information is missing, maybe because this a new facility, however (Print) take note of the CEOs resume, which verifies extensive work experienc in this area.

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					17.17
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				2.17	2.17

Comments (i.e., include any missing information and specific detail): (Print) Cost Data was provided however there was no narrative indicating descriptions of line items.

OVERALL Additional Comments: (Print) Gen info given

Evaluation Panel Member's Signature [signature]

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Naomi Residential Facility Proposer #. #2

Name of Evaluation Panel Member: Tamika Forkner (Print) Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				13
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	5
(b) Proposer provided description of how the services will be performed.	0	8	15	8

Comments (i.e., include any missing information and specific detail): Minimal information provided (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				9
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	2
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	2
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Little evidence of personal experience with troubled / at-risk youth minimal information provided

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				10
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Minimal "evdence" of financial Resources.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Similar work provided
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					25
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				10	10

Comments (i.e., include any missing information and specific detail): (Print) Very Descriptive of how funds will be utilized

OVERALL Additional Comments: (Print) Gen ~~B~~ info given

Evaluation Panel Member's Signature [illegible]

Naomi

94.5

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Berean Children's Home Proposer #3

Name of Evaluation Panel Member: Tamika Forkner (Print) Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): The Individualized Treatment Plans seem extensive, tailored to the child. (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Most information provider.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): More Description needed in terms of financial Resources

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Description of history of proposer given.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					19.58
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	~~10~~	15		TF 15 ~~10~~
(b) Amount (if lowest, the maximum number of points is required).				4.58	4.58

Comments (i.e., include any missing information and specific detail): (Print) I would like to see more description in this area

OVERALL Additional Comments: (Print) Gen. info given

Evaluation Panel Member's Signature [signature]

63.10

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Hill View Children's Home Proposer # 4

Name of Evaluation Panel Member: Tamika Fortner (Print) Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				18
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	~~5~~	10	~~5~~ 10 TF
(b) Proposer provided description of how the services will be performed.	0	8	15	8

Comments (i.e., include any missing information and specific detail): Minimal, general statements (Print) about how services will be given

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				9
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	2
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	2
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): General information noted.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				7
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	2
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Some financial info is given.
(Print)
The proposer could be more Descriptive

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	~~8~~	15	~~8~~ 15

Comments (i.e., include any missing information and specific detail): Although new, personnel has worked with DFCS / foster youth in the past.

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					14.10
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				4.10	4.10

Comments (i.e., include any missing information and specific detail): (Print) No narrative or listed line items to verify spending

OVERALL Additional Comments: (Print) Gen info given

Evaluation Panel Member's Signature Pamela Fulse

71.10

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: APM Hill View Children's Home Proposer # 4

Name of Evaluation Panel Member: Knesha Thomas (Print) Panel Member Number:

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	5
(b) Proposer provided description of how the services will be performed.	0	8	15	8

13

Comments (i.e., include any missing information and specific detail): Proposer gave a brief overview of their services (Print) that they wish to offer. Did not give details on "plan"

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

12

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	2
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Did not see ~~one~~ timeline. Did mention education regarding high school. Lack evidence of criteria "c"

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	2
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

12

Comments (i.e., include any missing information and specific detail): Only one resume provided. Explained how funds will be used for staffing.

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

15

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	~~8~~	15	~~8~~ 15

Comments (i.e., include any missing information and specific detail): Has some years of experience.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 – Cost (25 Points)					19.10
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				4.10	4.10

Comments (i.e., include any missing information and specific detail): (Print) Provided details on spending

OVERALL Additional Comments: (Print) Needs details regarding Criteria 1

Evaluation Panel Member's Signature Kneshia Thomas

74.66

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Anointed Oasis Ministry for Children Proposer # 5

Name of Evaluation Panel Member: Tomika Forshner (Print) Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				13
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	5
(b) Proposer provided description of how the services will be performed.	0	8	15	8

Comments (i.e., include any missing information and specific detail): I don't ~~get a~~ ~~of~~ have an idea of how the home will be run day-to-day.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				17
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	2
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Minimal information provided
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				10
(a) Proposer provided evidence of current personnel to include resumes.	0	~~2~~	5	TF 2 5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Not sure of financial resources
More info on what personnel will actually do.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Limited experience in the Required Services

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					19.66
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				9.66	9.66

Comments (i.e., include any missing information and specific detail): (Print) I would like to see more description

OVERALL Additional Comments: (Print) Gen info given

Evaluation Panel Member's Signature [illegible]

78.68

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Executive Leaders of Tomorrow Proposer #. 6

Name of Evaluation Panel Member: Tamika Forkner (Print) Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	(10)	10
(b) Proposer provided description of how the services will be performed.	0	8	(15)	15

Comments (i.e., include any missing information and specific detail): Information Provider (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				15
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	~~2~~	5	~~2~~ 5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Some info provided of schedule and activities, but no timeline of what happens upon child entering facility. Some historical info given and team info given, but not clear on who will do what.

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				10
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Minimal Information provided
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): _____
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					13.68
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				3.68	3.68

Comments (i.e., include any missing information and specific detail): (Print) Some finance info given, but no description or breakdown of expense

OVERALL Additional Comments: (Print) Gen. info given

Evaluation Panel Member's Signature [illegible]

91.34

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Pine Vale Childrens Home Proposer # #7

Name of Evaluation Panel Member: Tamika Foshnea (Print) Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Descriptive info of service to be given (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Good description of timeline and when services for child will be done. Some extensive and descriptive info of staff background/experience

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Property info given. ~~This was missing in other proposals~~ Extensive financials given

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): History of agency given

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					16.34
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				1.34	1.34

Comments (i.e., include any missing information and specific detail): (Print) Extensive financial gave

OVERALL Additional Comments: (Print) Gen. info given

Evaluation Panel Member's Signature [signature]

64.85

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Deliverance Group Home Proposer #: 8

Name of Evaluation Panel Member: Tamika Forkner (Print) Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Information provided (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				15
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Minimal Information provided.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				5
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	0
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Minimal Information provided
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				0
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	0

Comments (i.e., include any missing information and specific detail): No previous work experience.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					19.85
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				9.85	9.85

Comments (i.e., include any missing information and specific detail): (Print) No narrative given

OVERALL Additional Comments: (Print) Cost info given

Evaluation Panel Member's Signature [illegible]

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Rays of Sunshine Proposer #. 9

Name of Evaluation Panel Member: Tamika Forkner (Print) Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): General information given (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				15
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Minimal Information provided
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Info provided.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Similar work experience provided
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					16.23
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	~~10~~	15		TF 15 ~~15~~
(b) Amount (if lowest, the maximum number of points is required).				1.23	1.23

Comments (i.e., include any missing information and specific detail): (Print) Narrative given, but could use more info on Renovation Matching

OVERALL Additional Comments: (Print) Gen info given

Evaluation Panel Member's Signature [signature]

91.72

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Sunnybrook Children's Home Proposer # 10

Name of Evaluation Panel Member: Tamika Fortner (Print) Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Proposer seems clear on required services. (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				17
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	2
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Not clear on timeline, however, personnel background/experience indicates ability.

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Very descriptive narrative.

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): History outlined with support letters given.

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					19.72
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				4.72	4.72

Comments (i.e., include any missing information and specific detail): (Print) Extensive narrative given

OVERALL Additional Comments: (Print) Gen. info given

Evaluation Panel Member's Signature [illegible]

83.54

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Millcreek of Pontotoc Proposer # 11

Name of Evaluation Panel Member: Tomika Foraker (Print) Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	~~5~~	15	~~15~~ 15

Comments (i.e., include any missing information and specific detail): Proposer seems to have clear understanding of services required (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				17
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	2
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): More timeline info needed

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				10
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Resumes included, some facility info given, new facilities contingent upon these funds

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 – Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Out line of past experiences given.

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					16.54
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				1.54	1.54

Comments (i.e., include any missing information and specific detail): (Print) Some budget info give but narrative

OVERALL Additional Comments: (Print) Gen info given

Evaluation Panel Member's Signature [illegible]

39.45

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Copiah County Children Group Home

Proposer # 12

Name of Evaluation Panel Member: Tomika Faulkner
(Print)

Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				13
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	5
(b) Proposer provided description of how the services will be performed.	0	8	15	8

Comments (i.e., include any missing information and specific detail): Some plan info given but not clear on how services will be carried out
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				7
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	Ø
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	2
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): no Resumes or personnel info given.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				0
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	Ø
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	Ø

Comments (i.e., include any missing information and specific detail): No personnel or facility info
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				0
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	0

Comments (i.e., include any missing information and specific detail): No past experience info given.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					19.45
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				9.45	9.45

Comments (i.e., include any missing information and specific detail): (Print) Some specific financial info given but no facility/utilities info

OVERALL Additional Comments: (Print) Gen info given

Evaluation Panel Member's Signature [illegible]

83.54

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Heaven Bound

Proposer #. 13

Name of Evaluation Panel Member: Tamika Forkner
(Print)

Panel Member Number: 0001

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	(10)	10
(b) Proposer provided description of how the services will be performed.	0	8	(15)	15

Comments (i.e., include any missing information and specific detail): General Info given.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				15
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Minimal information PROVIDED.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Info was provided.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Similar work experience given
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					13.54
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				3.54	3.54

Comments (i.e., include any missing information and specific detail): (Print) No description. No understanding how money will be spent.

OVERALL Additional Comments: (Print) Gen. info given

Evaluation Panel Member's Signature [illegible]

76.18

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Emily's Home Inc.

Proposer # 2015GRPHM001 - #1

Name of Evaluation Panel Member: Kiesha Thomas
(Print)

Panel Member Number: 0002

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	KT 15

Comments (i.e., include any missing information and specific detail):
(Print)

nothing very descriptive. information very objective.

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				17
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	2
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): _____
(Print)

Found very little info regarding education.

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				7
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	2
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): _____
(Print)

only 2 of the 3 staff resumes provided.

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): _____
(Print)

CEO has 10+ years in experience.

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					12.17
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				2.179	2.179

Comments (i.e., include any missing information and specific detail): (Print)
more specific financial info could be provided

OVERALL Additional Comments: (Print) all Information included

Evaluation Panel Member's Signature [illegible]

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Naomi Residential Facility

Proposer #. 2

Name of Evaluation Panel Member: Kneisha Thomas
(Print)

Panel Member Number: 0002

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				13
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	5
(b) Proposer provided description of how the services will be performed.	0	8	15	8

Comments (i.e., include any missing information and specific detail):
(Print)

Organization has plan.

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): _____
(Print)

Provided timeline for intake

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail):

(Print)

Owner has 10 plus years of child care experience. Outlined use of fund. Resumes provided

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 – Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): _____
(Print)

listed in resume

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					25
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				10	10

Comments (i.e., include any missing information and specific detail): (Print) outline use of funds

OVERALL Additional Comments: (Print) Complete proposal

Evaluation Panel Member's Signature Kristin Thomas

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Berean Children's Home Inc. Proposer # B

Name of Evaluation Panel Member: Kneshia Thomas (Print) Panel Member Number: 0002

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Plan included. (Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				15
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	~~10~~	5

Comments (i.e., include any missing information and specific detail): Experienced teachers on staff
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): _____
(Print)

All resumes provided. Included post operation budgets.

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Organization has been operating since '79
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					19.58
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				4.582	4.582

Comments (i.e., include any missing information and specific detail): (Print) Detailed Budget

OVERALL Additional Comments: (Print) Organization has experience, staff, and plan

Evaluation Panel Member's Signature Krystal Thomas

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Anointed Oasis Ministry for Children Proposer # 5

Name of Evaluation Panel Member: Kneshai Thomas (Print) Panel Member Number: C002

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Plan is well explained and detailed. (Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				12
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	(5)	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	(2)	5	2
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	(5)	10	5

Comments (i.e., include any missing information and specific detail): Did not mention any plans for educational services.
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				10
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Did include resumes but experiences is "mild" when referring to services offered. Minimum financial info provided.

(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				8
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	8

Comments (i.e., include any missing information and specific detail): Propose does have some experience
(Print)

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24.66

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				9.667	9.667

Comments (i.e., include any missing information and specific detail): (Print) Proposer did provide budget for use of funds

OVERALL Additional Comments: (Print) Proposer does meet minimum requirements.

Evaluation Panel Member's Signature Kinesha Thomas

88.68

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Executives Leaders of Tomorrow Proposer # 6

Name of Evaluation Panel Member: Knesha Thomas (Print) Panel Member Number: 0002

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Gave descriptions on all services. (Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): explained who will be do each service. Mentioned education.

(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				10
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Provided resumes. Gave minimum financial info.
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Resumes included relatable experience
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					18.68
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				3.684	3.684

Comments (i.e., include any missing information and specific detail): (Print) Proposer did provide explaination for use of funds

OVERALL Additional Comments: (Print)

Evaluation Panel Member's Signature Kaysha Thomas

91.34

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Pine Vale Children's Home

Proposer # 7

Name of Evaluation Panel Member: Kneshia Thomas
(Print)

Panel Member Number: 0002

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Criteria "a" and "b" explained in great detail.
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Propeser does provide timelines for services.
(Print)
Does include plan for education.

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Resume experience included. Budget provided.
(Print)

Mississippi Department of Human Services
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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Staff experience relevant
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					16.34
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				1.34	1.34

Comments (i.e., include any missing information and specific detail): (Print) Detailed budget provided.

OVERALL Additional Comments: (Print) Sound proposal.

Evaluation Panel Member's Signature Krusha Thomas

64.85

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Deliverance Group Home

Proposer # 8

Name of Evaluation Panel Member: Kneshia Thomas
(Print)

Panel Member Number: 0002

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Proposer provided details of plan.
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				15
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Proposer did address criterias "a" and "b" within (Print) their proposal and Evaluation tools. But there is a lack of ~~ed~~ evidence on ~~of~~ criteria "c"

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	0
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Provided predicted budget cost.
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	0

Comments (i.e., include any missing information and specific detail): No past experience or reference provided
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					19.85
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				9.857	9.857

Comments (i.e., include any missing information and specific detail): (Print) provided ~~[illegible]~~ predictions for budget.

OVERALL Additional Comments: (Print) Proposal lacked information needed in evaluation.

Evaluation Panel Member's Signature Kristina Thomas

86.23

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Rays of Sunshine

Proposer # 9

Name of Evaluation Panel Member: Kresha Thomas
(Print)

Panel Member Number: 0002

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Detailed outline of proposal plan.
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				15
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	~~10~~	5

Comments (i.e., include any missing information and specific detail): proposal does provide ~~time and~~ timeline
(Print)
and services that address education and general experience.

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Resume content provided. Budget included.
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Staff has experience
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					16.23
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				1.23	1.23

Comments (i.e., include any missing information and specific detail): (Print) proposer provided start up cost as well as overall budget.

OVERALL Additional Comments: (Print) Exceeded proposal requirements.

Evaluation Panel Member's Signature Kausha Thomas

94.72

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Sunnybrook Childrens Home Proposer # 10

Name of Evaluation Panel Member: Kneshia Thomas (Print) Panel Member Number: 0002

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Provided plan for services. (Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Proposal includes timeline, also evaluation documentation. Included educational goals. ~~Proposer does~~ ~~[illegible]~~

(Print)

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Division of Family & Children's Services
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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Resumes provided as well as job descriptions.
(Print)
Also includes budget and latest audit.

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): past experience provided
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					19.72
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				4.727	4.727

Comments (i.e., include any missing information and specific detail): (Print) Very detailed budget and financial statements.

OVERALL Additional Comments: (Print) Exceeded Requirements.

Evaluation Panel Member's Signature Kristie Thomas

91.54

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Millcreek of Pontotoc

Proposer # 11

Name of Evaluation Panel Member: Kneshia Thomas
(Print)

Panel Member Number: 0002

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Plan and details are provided.
(Print)

Mississippi Department of Human Services
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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Provides timeline. Has plan to address educational needs.

(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Resumes included. Budget provided.
(Print)

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Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Information Included
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 – Cost (25 Points)					16.54
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		5
(b) Amount (if lowest, the maximum number of points is required).				1.54	1.54

Comments (i.e., include any missing information and specific detail): (Print) Detailed Budget provided.

OVERALL Additional Comments: (Print) Exceeded Requirements.

Evaluation Panel Member's Signature Kresta Thomas

46.45

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Copiah county children's Group Home Proposer # 12

Name of Evaluation Panel Member: Kresha Thomas (Print) Panel Member Number: 0002

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				13
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	5
(b) Proposer provided description of how the services will be performed.	0	8	15	8

Comments (i.e., include any missing information and specific detail): Did provide some detail of services. (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				9
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	2
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	2
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Did provide some information
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				5
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	0
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): No resumes provided. Completed Budget Narrative.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				0
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	0

Comments (i.e., include any missing information and specific detail): No support for criteria 4
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					19.45
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				9.455	9.455

Comments (i.e., include any missing information and specific detail): (Print) Completed Budget Narrative

OVERALL Additional Comments: (Print) ~~DAR~~ Incomplete proposal.

Evaluation Panel Member's Signature Kaytha Thomas

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Heaven Bound Therapeutic Group Home Proposer # 13

Name of Evaluation Panel Member: Kneshia Thomas (Print) Panel Member Number: 0002

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Plan and details provided. (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				15
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	~~10~~	5

Comments (i.e., include any missing information and specific detail): Information included
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Resumes provided. Completed Budget Narrative. Provided Budget

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Content provided.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 – Cost (25 Points)					18.54
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				3.543	3.543

Comments (i.e., include any missing information and specific detail): (Print) Detailed Budget provided

OVERALL Additional Comments: (Print) Complete proposal.

Evaluation Panel Member's Signature Kristie Thomas

72.17

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Emily's Home Inc.

Proposer # 1

Name of Evaluation Panel Member: Nancy Saldaña
(Print)

Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): All info was there
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				12
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	~~5~~	2
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	~~10~~	5

Comments (i.e., include any missing information and specific detail): (Print)

Information provided besides general experience (credibility)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): (Print)

proposers provided resumes & budget.

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				8
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	8

Comments (i.e., include any missing information and specific detail): _____
(Print)
~~[illegible]~~ minimal experience

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					12.17
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				2.17	2.17

Comments (i.e., include any missing information and specific detail): (Print)
Budget not detailed enough.

OVERALL Additional Comments: (Print) Minimal info found.

Evaluation Panel Member's Signature Nancy Sid

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: NRF

Proposer # ~~[illegible]~~ 2015GRPHM001 - #2

Name of Evaluation Panel Member: Nancy Saldaña
(Print)

Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				13
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	5
(b) Proposer provided description of how the services will be performed.	0	8	15	8

Comments (i.e., include any missing information and specific detail):
(Print)

Minimal info provided

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				9
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	2
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	2
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): (Print)

~~Minimal~~ experience in child care only, minimal info provided

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): _____
(Print)

all info there

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): _____
(Print)

info on previous work there

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					25
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				10	10

Comments (i.e., include any missing information and specific detail): (Print)
Budget narrative detailed

OVERALL Additional Comments: (Print) info found.

Evaluation Panel Member's Signature _____

87.58

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Berean Children's Home, Inc. Proposer # ~~2015GRPHM001~~ #3

Name of Evaluation Panel Member: Nancy Saldaña (Print) Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): _____ (Print)

All info provided

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): _____
(Print)

All info provided

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): _____
(Print)

info provided

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				8
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	8

Comments (i.e., include any missing information and specific detail): _____
(Print)

Minimal info provided on previous experience

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

19.58

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 – Cost (25 Points)					19.58
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				4.582	4.582

Comments (i.e., include any missing information and specific detail): (Print) Budget Narrative included

OVERALL Additional Comments: (Print) information found

Evaluation Panel Member's Signature Nancy Sa[illegible]

76.10

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: APM Hill View Children's Home Proposer # 4

Name of Evaluation Panel Member: Nancy Saldaña (Print) Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	8

18

Comments (i.e., include any missing information and specific detail): (Print)

Good understanding on what they want to do, but it didnt really break it down to how they're going to do it.

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

17

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	2
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail):

(Print)

Staff will be trained. I was a bit lost on timeline of services. General experience noted.

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

12

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				
(a) Proposer provided evidence of current personnel to include resumes.	0	2	~~5~~	~~3~~ 2
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Info Provided
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): (Print)

info provided on previous daycare facility

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 – Cost (25 Points)					14.10
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				4.10	4.10

Comments (i.e., include any missing information and specific detail): (Print)
Minimal budget breakdown

OVERALL Additional Comments: (Print) Some info was minimal

Evaluation Panel Member's Signature Nancy Sal

71.66

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Anointed Oasis Ministry for Children Proposer # 5

Name of Evaluation Panel Member: Nancy Saldaña (Print) Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				/3
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	5
(b) Proposer provided description of how the services will be performed.	0	8	15	8

Comments (i.e., include any missing information and specific detail): (Print)

Minimal info provided

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

14

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	2
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	2
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): (Print)

no timeline, but general experience included

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

/10

Comments (i.e., include any missing information and specific detail): (Print)

No financial resources, but resumes were included

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): (Print)

it provided previous experience with parents & children.

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 – Cost (25 Points)					19.66
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				9.667	9.667

Comments (i.e., include any missing information and specific detail): (Print) Budget breakdown very minimal

OVERALL Additional Comments: (Print) minimal info found

Evaluation Panel Member's Signature Nancy Sa[illegible]

76.68

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Executive Leaders of Tomorrow Proposer # 6

Name of Evaluation Panel Member: Nancy Saldaña (Print) Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): (Print)

Good detailed information as to the needs and how the services will be performed

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	(5)	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	(5)	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	(10)	10

Comments (i.e., include any missing information and specific detail): (Print)

New facility, but employees seem to have experience

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				10
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): (Print)

Minimal financial info

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				8
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	8

Comments (i.e., include any missing information and specific detail): (Print)

not much experience ~~in~~ in a group home as a whole

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					13.68
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				3.684	3.684

Comments (i.e., include any missing information and specific detail): (Print) Budget breakdown was minimal, no group homes activities budget or clothing

OVERALL Additional Comments: (Print) most info found.

Evaluation Panel Member's Signature Nancy S[illegible]

91.34

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Pine Vale Children's Home Proposer # 7

Name of Evaluation Panel Member: Nancy Saldana (Print) Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): (Print)

good detailed outline of services

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Has A lot of experience
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): (Print)

good detailed info about facility, Resumes included

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): (Print)

provided group home history

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					16.34
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				1.34	1.34

Comments (i.e., include any missing information and specific detail): (Print) Budget breakdown info provided

OVERALL Additional Comments: (Print) ~~All~~ Information found

Evaluation Panel Member's Signature Nancy Sadler

79.85

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Deliverance G.H Proposer # 8

Name of Evaluation Panel Member: Nancy Saldaña (Print) Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): (Print)

Detailed info given

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Outline of services was included
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				7
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	2
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	5

Comments (i.e., include any missing information and specific detail): No resumes, but job descriptions were included.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				8
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	8

Comments (i.e., include any missing information and specific detail): No past experience
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 – Cost (25 Points)					19.85
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				9.857	9.857

Comments (i.e., include any missing information and specific detail): (Print) Budget narrative was not too detailed

OVERALL Additional Comments: (Print) Some info not found.

Evaluation Panel Member's Signature Nancy Sill

91.23

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Rays of Sunshine

Proposer # 9

Name of Evaluation Panel Member: Nancy Saldaña
(Print)

Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Service plan and Expectations very clear
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Proposer provided a great timeline and employee experience
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): provided adequate info
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Provided Past experience.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					16.23
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				1.23	1.23

Comments (i.e., include any missing information and specific detail): (Print) provided detailed budget

OVERALL Additional Comments: (Print) information found

Evaluation Panel Member's Signature Nancy Sills

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Sunnybrook Children's Home Proposer #10

Name of Evaluation Panel Member: Nancy Saldana (Print) Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Detailed info included. (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Proposer included history and general experience
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Proposer provided resumes and job descriptions. Also latest financial audit

(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Proposer included history of previous experience.
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					19.72
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				4.727	4.727

Comments (i.e., include any missing information and specific detail): (Print) provided very detailed budget

OVERALL Additional Comments: (Print) information found.

Evaluation Panel Member's Signature Nancy Sal

91.54

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Millcreek of Pontotoc. Proposer # 11

Name of Evaluation Panel Member: Nancy Saldaña (Print) Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Provided detailed info (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): information provided
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Information found
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Information supplied
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					16.54
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				1.54	1.54

Comments (i.e., include any missing information and specific detail): (Print) information provided

OVERALL Additional Comments: (Print) information found

Evaluation Panel Member's Signature Nancy Sh

56.45

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Copiah County Children Group Home Proposer # 12

Name of Evaluation Panel Member: Nancy Saldani (Print) Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): information found (Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	2
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	5

Comments (i.e., include any missing information and specific detail): Minimal info found
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	0
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	0

Comments (i.e., include any missing information and specific detail): No info provided
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 – Record of Past Performance (15 Points)				
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	0

Comments (i.e., include any missing information and specific detail): no info found
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					19.45
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		10
(b) Amount (if lowest, the maximum number of points is required).				9.455	9.455

Comments (i.e., include any missing information and specific detail): (Print) Minimal info found

OVERALL Additional Comments: (Print) Minimal info

Evaluation Panel Member's Signature Nancy Sullivan

93.54

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
RFP#: 2015GRPHM001
PROPOSAL EVALUATION AND COMMENT FORM
Date: JANUARY 5, 2016

Proposer Name/Organization: Heaven Bound

Proposer # 13

Name of Evaluation Panel Member: Nancy Saldana
(Print)

Panel Member Number: 0003

Circle the appropriate point values and place the total score in the last column for each selection criteria. NOTE: The Total Score must be in agreement with the Panel Member's Comments. Comments are **MANDATORY** for each criterion section.

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 1 - Description of Required Services (25 Points)				25
(a) Proposer provided plan for performing the required services that includes an understanding of the project and its objectives.	0	5	10	10
(b) Proposer provided description of how the services will be performed.	0	8	15	15

Comments (i.e., include any missing information and specific detail): Information provided
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 2 - Agency Experience (20 Points)				20
(a) Proposer provided evidence of ability to provide the required services to include timeline.	0	2	5	5
(b) Proposer provided evidence of ability to provide the required services to include education.	0	2	5	5
(c) Proposer provided evidence of ability to provide the required services to include general experience.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Information found
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 3 - Financial Resources & Personnel (15 Points)				15
(a) Proposer provided evidence of current personnel to include resumes.	0	2	5	5
(b) Proposer provided evidence of financial resources (i.e., facilities & equipment) to perform the required services or demonstrated to be able available at the time of contracting.	0	5	10	10

Comments (i.e., include any missing information and specific detail): Information found
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Total Score
Criterion 4 - Record of Past Performance (15 Points)				15
Proposer provided a description of past performance of same or similar work in scope, size of required services within the past three (3) years.	0	8	15	15

Comments (i.e., include any missing information and specific detail): info. found
(Print)

Mississippi Department of Human Services
Division of Family & Children's Services
RFP#: 2015GRPHM001

Selection Criteria	Not Responsive Required Information NOT Provided	Minimally Responsive Some Information Provided	Most Responsive All Required Information Provided	Possible Points (10)	Total Score
Criterion 5 - Cost (25 Points)					18.54
(a) Proposer provided a budget narrative describing the proposed use of funds, cost effectiveness, accurate calculations and itemized breakdown of the funded services on the required Budget Narrative Form in the RFP (Exhibit I).	0	10	15		15
(b) Amount (if lowest, the maximum number of points is required).				3.543	3.543

Comments (i.e., include any missing information and specific detail): (Print) Information found

OVERALL Additional Comments: (Print) Information Received

Evaluation Panel Member's Signature Nancy S[illegible]

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PROOF OF PUBLICATION

PRINTER'S FEE $ 23.24

THE STATE OF MISSISSIPPI
LAFAYETTE COUNTY

Personally appeared before me, a notary public in and for said county and State, the undersigned

Tim Phillips

Who, after being duly sworn, deposes and says that he is the Publisher of the Oxford Eagle, a newspaper published daily in the City of Oxford, in said county and State, and that the said newspaper has been published for more than one year and that

a true copy of which is hereto attached was published for 2 consecutive weeks in said newspaper as follows:

VOLUME	NO.	DATE
147		12/1/15
147		12/8/15

Tim Phillips

Sworn to and subscribed before me this 8th day of December, 2015

Jessica Harwell

Notary Public, Lafayette County, Mississippi

My commission expires

STATE OF MISSISSIPPI
JESSICA HARWELL
ID No 108671
NOTARY PUBLIC
Comm Expires May 7, 2018
LAFAYETTE COUNTY

Legal Notice
Request for Proposals
The Mississippi Department of Human Services (MDHS), Division of Family and Children's Services (DFCS) is issuing a Request for Proposals (RFP) for Group Home services. The RFP may be downloaded from www.mdhs.state.ms.us starting December 1, 2015. Copies will also be available in the MDHS lobby, located at 750 North State Street, Jackson, Mississippi 39202. Proposals must be submitted by Wednesday, December 30, 2015 by 12:00 p.m. Central Standard Time.
Contact: Mike Gallarno, Director
750 North State Street
Jackson, MS 39202
(601) 359-4999
mike.gallarno@mdhs.ms.gov
Publish: 12/01, 12/0

STATE OF MISSISSIPPI , LEE COUNTY:

Personally appeared before me, DIANNE P. POWELL Notary Public, in and for said County and State, H. CLAY FOSTER, JR., Publisher of a newspaper printed and published in the City of Tupelo, Lee County, Mississippi, called The Northeast Mississippi Daily Journal, who being duly sworn, deposes and says that the publication of a certain notice, a true copy of which is hereunto attached, has been made in said newspaper for 2 weeks consecutively to-wit:

Vol. 142 . No. 245 Date Dec. 1 20 15

Vol. 142 . No. 252 Date Dec. 8 20 16

Vol. _____ . No. _____ Date _____ 20 __

Vol. _____ . No. _____ Date _____ 20 __

Vol. _____ . No. _____ Date _____ 20 __

Vol. _____ . No. _____ Date _____ 20 __

Witness my hand and seal this 8 day of December, 20 15

Dianne P Powell

My Commission expires _____

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 63201 DIANNE P. POWELL Commission Expires June 17, 2017 LEE COUNTY

#1127793

LEGAL NOTICE

REQUEST FOR PROPOSALS

The Mississippi Department of Human Services (MDHS), Division of Family and Children's Services (DFCS) is issuing a Request for Proposals (RFP) for Group Home services.

The RFP may be downloaded from www.mdhs.state.ms.us starting December 1, 2015. Copies will also be available in the MDHS lobby, located at 750 North State Street, Jackson, Mississippi 39202.

Proposals must be submitted by Wednesday, December 30, 2015 by 12:00 p.m. Central Standard Time.

Contact: Mike Gallarmo, Director 750 North State Street Jackson, MS 39202 (601) 359-4998 mike.gallarmo@dhs.ms.gov

December 1, 8, 2015.

PRINTERS FEES

To _____ words at _____ Cents per word _____ $ _____

To Proof of Publication _____ $ _____

Total _____ $ 22.36

PROOF OF PUBLICA . ,ON
THE STATE OF MISSISSIPPI
HINDS COUNTY

PASTE PROOF HERE

C58709
MS PRESS SERVICES,
0200495977
Group Home Services, RFP

Legal Notice
Request for Proposals

The Mississippi Department of Human Services (MDHS), Division of Family and Children's Services (DFCS) is issuing a Request for Proposals (RFP) for Group Home services. The RFP may be downloaded from www.mdhs.state.ms.us starting December 1, 2015. Copies will also be available in the MDHS lobby, located at 750 North State Street, Jackson, Mississippi 39202. Proposals must be submitted by Wednesday, December 30, 2015 by 12:00 p.m. Central Standard Time.

Contact: Mike Gallarno, Director
750 North State Street
Jackson, MS 39202
(601) 359-4999
mike.gallarno@mdhs.ms.gov

December 1 and 8, 2015 0200495977-01

PERSONALLY appeared before me, the undersigned notary public in and for Hinds County, Mississippi,

ALICIA COLLINS

an authorized clerk of THE CLARION-LEDGER, a newspaper as defined and prescribed in Sections 13-3-31 and 13-3-32, of the Mississippi Code of 1972, as amended, who, being duly sworn, states that the notice, a true copy of which is hereto attached, appeared in the issues of said newspaper as follows:

12/1/2015
12/8/2015
12/1/2015
12/8/2015

Size: 117 words / 2.00 col. x 21.00 lines
Published: 2 time(s)
Total: $24.80

Signed Alicia Collins
Authorized Clerk of
The Clarion-Ledger

SWORN to and subscribed before me on 12/8/2015.

Gloria A. Joiner
Notary Public
GLORIA A. JOINER

Notary Public State of Mississippi at Large. Bonded thru Notary Public Underwriters

(SEAL)

STATE OF MISSISSIPPI
GLORIA A. JOINER
NOTARY PUBLIC
ID No. 83644
My Commission Expires
November 8, 2018
HINDS COUNTY

AFFP
15122MMO/MS Dept. Human

Affidavit of Publication

DESOTO TIMES-TRIBUNE

STATE OF MS }
COUNTY OF DESOTO } SS

Diane Smith, being duly sworn, says:

That she is a Clerk of the DESOTO TIMES-TRIBUNE, a newspaper of general circulation in said county, published in Hernando, DeSoto County, MS; that the publication, a copy of which is printed hereon, was published in the said newspaper on the following dates:

December 01, 2015, December 08, 2015

Legal Notice
Request for Proposals
The Mississippi Department of Human Services (MDHS), Division of Family and Children's Services (DFCS) is issuing a Request for Proposals (RFP) for Group Home services. The RFP may be downloaded from www.mdhs.state.ms.us starting December 1, 2015. Copies will also be available in the MDHS lobby, located at 750 North State Street, Jackson, Mississippi 39202. Proposals must be submitted by Wednesday, December 30, 2015 by 12:00 p.m. Central Standard Time.
Contact: Mike Gallarno, Director
750 North State Street
Jackson, MS 39202
(601) 359-4999
mike.gallarno@mdhs.ms.gov
December 1 & 8, 2015

That said newspaper was regularly issued and circulated on those dates.
SIGNED:

Clerk

Subscribed to and sworn to me this 8th day of December 2015.

JUDY HAYES, Notary, DeSoto County, MS

My commission expires: October 01, 2017

STATE OF MISSISSIPPI
JUDY HAYES
ID No
00061798
NOTARY PUBLIC
Comm Expires
October 1, 2017
DESOTO COUNTY

00018538 00040946

Andrea
Mississippi Press
371 Edgewood Terrace
JACKSON, MS 39206

Proof of Publication

STATE OF MISSISSIPPI

COUNTY OF HARRISON

Before me, the undersigned Notary of Harrison County, Mississippi personally appeared Crista Brackett who, being by me first duly sworn, did depose and say that she is a clerk of The Sun Herald, a newspaper published in the city of Gulfport, in Harrison County, Mississippi, and the publication of the notice, a copy of which is hereto attached, has been made in said paper 2 times in the following numbers and on the following dates of such paper, viz:

Vol. 132 No., 59 dated 1 day of Dec, 2015

Vol. 132 No., 66 dated 8 day of Dec, 2015

Vol. _____ No., _____ dated _____ day of _____, 20_____

Vol. _____ No., _____ dated _____ day of _____, 20_____

Vol. _____ No., _____ dated _____ day of _____, 20_____

Vol. _____ No., _____ dated _____ day of _____, 20_____

Vol. _____ No., _____ dated _____ day of _____, 20_____

Legal Notice Request for Proposals The Mississippi Department of Human Services (MDHS), Division of Family and Children's Services (DFCS) is issuing a Request for Proposals (RFP) for Group Home services. The RFP may be downloaded from www.mdhs.state.ms.us- starting December 1, 2015. Copies will also be available in the MDHS lobby, located at 750 North State Street, Jackson, Mississippi 39202. Proposals must be submitted by Wednesday, December 30, 2015 by 12:00 p.m. Central Standard Time. Contact: Mike Gallarno, Director 750 North State Street Jackson, MS 39202 (601) 3594999 mike.gallarno@mdhs.ms.gov ADV1,8,2TUE

Affiant further states on oath that said newspaper has been established and published continuously in said county for a period of more than twelve months next prior to the first publication of said notice.

Crista Brackett

Clerk

Sworn to and subscribed before me this 11 day of Dec, A.D., 20 15

Meri A. Jackson

Notary Public

*The Sun Herald has been deemed eligible for publishing legal notices in Jackson County to meet the requirements of Miss. Code 1972 Section 13-3-31 and 13-3-32.

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 87184 MERI A. JACKSON Commission Expires Sept. 30, 2019 HARRISON COUNTY

Legal Notice
Request for Proposals
The Mississippi Department of Human Services (MDHS), Divi-
[illegible] Family and Children's
[illegible] a Re-

STATE OF MISSISSIPPI
COUNTY OF LAUDERDALE
CITY OF MERIDIAN

I, Amy Harwell Clerk of The Meridian Star, a newspaper published daily at Meridian, Mississippi, do solemnly swear that a copy of this notice, as per clipping attached, was published once a week for 2 weeks in the regular and entire issue of said newspaper, and not in any supplement thereof, to-wit:

in the issue dated 12-1, 20 15, and in the issue dated 12-8, 20 15, and in the issue dated _____, 20____, and in the issue dated _____, 20____.

Amy Harwell Clerk

Sworn to and subscribed before me, this the 9 day of May, 20 15

Notary Public

1942 Sec. Code, Sec. 1738

Legal Notice
Request for Proposals

The Mississippi Department of Human Services (MDHS), Division of Family and Children's Services (DFCS) is issuing a Request for Proposals (RFP) for Group Home services. The RFP may be downloaded from www.mdhs.state.ms.us starting December 1, 2015. Copies will also be available in the MDHS lobby, located at 750 North State Street, Jackson, Mississippi 39202. Proposals must be submitted by Wednesday, December 30, 2015 by 12:00 p.m. Central Standard Time.

Contact: Mike Gallamo, Director
750 North State Street
Jackson, MS 39202
(601) 359-4999
mike.gallamo@mdhs.ms.gov

12/01, 12/08/2015

STATE OF MISSISSIPPI
COUNTY OF LAUDERDALE
CITY OF MERIDIAN

I, Amy Harwell Clerk of The Meridian Star, a newspaper published daily at Meridian, Mississippi, do solemnly swear that a copy of this notice, as per clipping attached, was published once a week for 2 weeks in the regular and entire issue of said newspaper, and not in any supplement thereof, to-wit:

in the issue dated 12-1, 20 15, and in the issue dated 12-8, 20 15, and in the issue dated _____, 20____, and in the issue dated _____, 20____.

Amy Harwell Clerk

Sworn to and subscribed before me, this the 9 day of _____, 20 15

_____
Notary Public

1942 Sec. Code, Sec. 1738

COMPETITIVE PROCUREMENT REQUEST
ARMS
APPROVAL MEMO
RFP

Personal Service Contract Review Board
Form PSCRB-003

REQUEST FOR EXCEPTION FROM COMPETITIVE BIDDING

Agency: **MISSISSIPPI DEPARTMENT OF HUMAN SERVICES**
Agency Contact Name: **Richard A. Berry**
Agency Contact Phone Number: **(601) 359-4457**
Agency Contact Email Address: **richard.berry@mdhs.ms.gov**
Agency Contact Fax Number: **(601) 359-4477**
Date Form Submitted: **August 11, 2015**

Exceptions from competitive bidding may be allowed for the following reasons. Please check all applicable and provide an explanation of the reasons in the space provided below.

- [ ] Federal law has established limitations on the use of competitive bidding for the personal or professional contracts the agency is seeking to procure;
- [ ] The agency is required to hire professionals whose members are prohibited from bidding by the rules of professional conduct promulgated by the regulating agency or agencies for that professional; or
- [x] Competitive bidding will be counterproductive to the business of the agency.

Explanation of Reasons: **The Olivia Y. vs. Bryant Modified Mississippi Settlement Agreement, dated 12/23/14, Exhibit 1, page 2, mandates that the Agency utilize the Request for Proposal procurement procedure for Group Home services by January 1, 2016.**

If exception from competitive bidding is granted, a competitive procurement procedure for selecting the vendor must be established. The PSCRB may audit your records to ensure competitive procedures were used to procure the required service. If the request for exception from competitive bidding is granted, please indicate the method of procurement that will be used:

- [x] Request for Proposals
- [ ] Request for Qualifications
- [ ] Other (Please explain.)

Has relief from bidding of this service been previously requested? [x] No [ ] Yes

If "Yes" please explain and attach the previous approval or denial. If denied, please explain why this request is different.

N/A

This form and all attachments should be submitted electronically to the Personal Service Contract Review Board via email at pscrbmail@mspb.ms.gov.

STATE OF MISSISSIPPI
Phil Bryant, Governor
DEPARTMENT OF HUMAN SERVICES
Richard A. Berry, Executive Director

August 11, 2015

Ms. Monique Montgomery, Director
Personal Service Contract Review Board
210 East Capitol Street, Suite 800
Jackson, Mississippi 39201

RE: Request for Exception from Competitive Bidding for Group Home Services

Dear Ms. Montgomery:

The Mississippi Department of Human Services (MDHS), Division of Family and Children's Services (DFCS) will procure services for Group Homes through the Request for Proposal procurement procedure.

Pursuant to the rules and regulations outlined in House Bill 825, Section 1 (3) (a)-(d), MDHS/DFCS requests an exception from competitive bidding because the competitive bidding process will be counterproductive to the business of the agency. The rates/costs for services for group homes have been mandated according to MDHS/DFCS Policy, Section D, pages 136-143; therefore, the rates will not change. Although the rates in the current personal service contracts will not change in the initial contracts, the description of program services will be more detailed and tailored to meet the needs of the Agency as well as the children and families it serves.

In addition, the Performance-Based Contracting (PBC) component is required to be implemented in each service as outlined in the *Olivia Y. vs. Bryant, et al.* Modified Mississippi Settlement Agreement. The Request for Proposal will include language that will identify the specified description of program services that will be utilized as part of the PBC implementation for improved services and accountability. Also, the Settlement Agreement mandates that the Request for Proposal for Group Home services is published by January 1, 2016.

Based on the foregoing reasons, MDHS/DFCS requests that the exception from competitive bidding is granted and the Agency is allowed to utilize the Request for Proposal method of procurement.

Sincerely,

Richard A. Berry

Richard A. Berry

RAB:MG:BL:kjj

Attachment

MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

P.O. Box 352, 750 N. State Street
Jackson, Mississippi 39205
Phone (601) 359-4500
www.mdhs.ms.gov

EXHIBIT 1

PERIOD 5 IMPLEMENTATION PLAN

This is the Period 5 Implementation Plan required by Section I.D. of the Modified Mississippi Settlement Agreement and Reform Plan (the "Modified Settlement Agreement" or "MSA") (Dkt. No. 571). Period 5 shall run for a 12-month period beginning on July 7, 2014. Defendants shall substantially comply with the Period 5 Implementation Plan requirements by the end of Period 5, or as specified therein.

I. Reform Planning and Implementation

A. Pursuant to Section I.E. of the MSA, the Parties, working with the Monitor, shall begin to negotiate the Period 6 Implementation Plan by April 7, 2015.

II. Administration and Management Implementation Steps

A. Human Resources Management

1. By Sept. 1, 2014, Defendants will have formed Data, Monitoring, Administration, Fiscal and Practice Subcommittees to aid with the process of developing and implementing a performance-based contracting ("PBC ") system.

2. The Subcommittees described in Paragraph II.A.1. above will be comprised of MDHS-DFCS representatives and appropriate and related agency representatives.

3. Defendants shall maintain Regional Implementation Teams ("RIT") in all Regions. The RITs shall be chaired by the respective Regional Directors and the membership will consist of appropriate staff persons and may also include representatives of other state agencies or stakeholders the Statewide Implementation Team ("SIT") has deemed necessary to carry out the Team's function. The RITS shall meet no less frequently than quarterly and shall issue progress reports to the SIT no less frequently than quarterly. These reports shall discuss accomplishments, challenges, and anticipated next steps. The RITS will include Sub-Teams in the following practice areas: Continuous Quality Improvement ("CQI") and Resource Parent Recruitment and Retention.

4. No later than Nov. 15, 2014, Defendants will retain a technical assistance consultant to work with Defendants in developing performance-based contracts in the areas of emergency shelters, regular group homes, therapeutic group homes and therapeutic resource homes.

5. By November 1, 2014, Defendants will have in place an executed contract with Chapin Hall/Center for State Child Welfare Data ("Chapin Hall") for membership in the State Data Center.

6. By November 1, 2014, Defendants will provide Chapin Hall with the MACWIS data files needed for developing the analytic files that will provide the information necessary to guide the development of the PBC strategy and timeframes.

7. By February 15, 2015, Defendants shall contract with Chapin Hall for the research and data analysis necessary to develop a PBC strategy and timeline that are informed by the information provided through the data analysis performed by Chapin Hall.

8. Defendants' contract with Chapin Hall shall require delivery of the analytic data files needed to guide the PBC strategy and time frames to DFCS no later than February 28, 2015.

9. By May 31, 2015, Defendants, in collaboration with the technical assistance consultant and Chapin Hall, will complete a written strategy for executing performance-based contracts with foster care placement providers that is guided by and based on the information generated by the analytic data files. The data in the analytic files will be used to develop the baselines, performance standards, outcomes, and any other measurable indicators necessary for developing the strategy.

10. Not later than June 15, 2015, Defendants and the technical assistance consultant will provide the Monitor with the scope of services for the emergency shelter providers request for proposals ("RFP"). The proposed scope of services developed by the Defendants and technical assistance consultant shall contain standards, required reporting and monitoring as well as a method for incentivizing required performance which shall be incorporated into each of the contracts. While the method for incentivizing required performance may be phased in and/or adjusted over time, its initial implementation shall commence upon the contract effective date.

11. By August 1, 2015, Defendants will issue an RFP for emergency shelter providers.

12. By December, 1, 2015, Defendants will have signed performance-based contracts with emergency shelter providers. These contracts shall become effective no later than December 1, 2015.

13. Not later than October 1, 2015, Defendants and the technical assistance consultant will provide the Monitor with the scope of services provisions for the RFPs for regular group home providers, therapeutic group home providers and therapeutic resource home providers. The proposed scope of services developed by the Defendants and technical assistance consultant shall contain standards, required reporting and monitoring as well as a method for incentivizing required performance which shall be incorporated into each of the contracts. While the

method for incentivizing required performance may be phased in and/or adjusted over time, its initial implementation shall commence upon the contract effective date.

14. By January 1, 2016, Defendants will issue RFPs for performance-based contracts for regular group home providers, therapeutic group home providers, and therapeutic resource home providers.

15. By March 1, 2016, Defendants will have signed performance-based contracts with regular group home providers, therapeutic group home providers, and therapeutic resource home providers. These contracts shall become effective no later than March 1, 2016.

B. Continuous Quality Improvement

1. Defendants shall continue to implement and maintain a CQI system in accordance with MSA Section II.A.3.

2. Defendants shall continue to produce CQI Review Reports within 60 business days of completing each CQI Review, based on the following schedule:

   a) By September 1, 2014, Defendants shall complete a second follow-up CQI Review for Region III-North.

   c) By September 1, 2014, Defendants shall complete a third follow-up CQI Review for Region IV-North.

   d) By October 1, 2014, Defendants shall complete a third follow-up CQI Review for Region IV-South.

   e) By November 1, 2014, Defendants shall complete a third follow-up CQI Review for Region III-South.

   f) By December 1, 2014, Defendants shall complete a third follow-up CQI Review for Region I-North.

   g) By January 1, 2015, Defendants shall complete a second follow-up CQI Review for Region VII-West.

   h) By February 1, 2015, Defendants shall complete a second follow-up CQI Review for Region VI.

   i) By March 1, 2015, Defendants shall complete a second follow-up CQI Review for Region II-East.

j) By April 1, 2015, Defendants shall complete a fourth follow-up CQI Review for Region V-West.

k) By May 1, 2015, Defendants shall complete a third follow-up CQI Review for Region V-East.

l) By June 1, 2015, Defendants shall complete a third follow-up CQI Review for Region VII-East.

3. By the end of Period 5, Defendants will further clarify the policy regarding compliance with the public child fatality reporting requirements of the Child Abuse Prevention and Treatment and Adoption Reform Act regarding the circumstances that would trigger transmission of the required information to the Deputy Director, the relevant timeline, and the Deputy Director's obligations with respect to release of the information that falls within the statutory exception.

C. Information Management and Use

1. By January 30, 2015, the Parties will have documented identifiable remaining gaps in reporting required under the Period 3 and Period 4 Implementation Plans and appendices and the Parties will have come to agreement on how each gap in reporting will be addressed in forthcoming reporting and the deadlines for such reporting.[1]

2. Except as modified by the gap agreement referenced in Section II.C.1. above, Defendants shall continue to disseminate reports set forth in Attachment 1 and 2 of the Initial IP4 Plan and Appendix 3 of the Final IP4 Plan.

3. By June 1, 2015, the Monitor shall produce a report to the Parties on the results of a case record review which shall measure Defendants' performance related to: the maintaining of complete records; the provision of physical health, dental, mental and behavioral health assessments and services; and educational continuity as required by MSA Sections III.B.4.a; II.B.3.a and b; II.B.3.f and g; II.B.4.a; II.B.3.d; II.B.2.e; and III.B.6.c (the "Health and Education Care Case Record Review").

   a) The Monitor shall work in consultation with the parties and any subject matter experts she deems appropriate on the design of the case record review, including the formulation of a data collection instrument to guide the review. The case record review shall be conducted by the Monitor, in collaboration with Defendants. The Defendants shall assign a sufficient number of staff experienced in case reviews to work with the Monitor on this project.

[1] As documented in the data reconciliation table of August 22, 2014, and subsequent, related electronic correspondence, the parties recognize that certain information cannot be currently captured by MACWIS data or FCR PAD reports. The parties agree that this information may be reported on through other means such as a case record review and such reporting may not be available retrospectively or on a monthly basis.

b) Within 45 days of receipt of the Monitor's final report on the results of the case record review, Defendants shall develop and submit a plan and timeline for reporting on the physical health, dental, mental, and behavioral health assessment and services required by MSA Section II.B.3.a and b; II.B.3.f and g; and II.B.3.d. (the "Health Care Reporting Plan") to Plaintiffs and to the Monitor for the Monitor's review and approval.

c) Defendants shall implement the Health Care Reporting Plan following the Monitor's approval.

4. By October 1, 2014, Defendants will hire a Lead Programmer/Analyst and a Senior Programmer/Analyst who will focus on the new SACWIS system

III. Foster Care Service Standards

A. Child Safety

1. By December 23, 2014, Defendants shall submit a letter describing their implementation of the activities contained in their MIC Timeliness Letter required under the Final Period 4 Implementation Plan Section III.A.1.

2. By December 23, 2014, Defendants shall submit a letter describing their implementation of the activities contained in their MIC Reduction Letter required under the Final Period 4 Implementation Plan Section III.A.2.

B. Child and Youth Permanency

1. By December 23, 2014, Defendants shall conduct an analysis of the existing tracking system for the timeliness of all TPR Petitions.

2. By December 23, 2014, Defendants shall provide to Plaintiffs and the Monitor a letter outlining steps for implementing improvements in the tracking system, addressing necessary staffing, technologies and protocols necessary to establish a single, centralized process including reporting within DFCS for tracking the timeliness of all TPR petitions (the "TPR Letter"). Defendants will implement the improvements contained in the TPR Letter by the end of Period 5.

3. By May 1, 2015, Defendants will revise policy to require staff to document in the child's record, notification to all potential adoptive families and any resource family caring for a child who has become legally available for adoption, of the availability of adoption subsidies.

4. During Period 5, Defendants shall maintain a Medical-Mental Health Specialist whose job responsibility will be to develop and coordinate a broader and more geographically diverse array of physical, dental, and mental health services available to foster children.

5. During Period 5, Defendants shall hire 3 additional workers to build the resource service array which will result in a total of 6 workers in the resource development unit.

6. Defendants shall continue to maintain a process for making legal risk placements.

C. Recruitment and Retention of Resource Families and Therapeutic Service Providers

1. Within 10 business days prior to the date established by Centers of Medicare and Medicaid Services ("CMS") for the filing of a reconsideration request or appeal, if available, of the CMS decision on the Treatment Foster Care per diem rate of $ 131.00, Defendants shall provide the Monitor and Plaintiffs with a written update summarizing the status of Defendants' decision whether or not to seek reconsideration or appeal, if available, of said decision. Additional updates, if appropriate, will follow within 30 calendar days of each preceding action, including providing copies of any related correspondence.

IV. Practice Model Implementation

A. Defendants shall receive practice model implementation reports from Defendants' consultant Center for Support of Families ("CSF") at least quarterly and produce to Plaintiffs and the Monitor copies of any such practice model implementation reports whenever they are received, but in no event less than quarterly, within 30 calendar days of receipt. Prior to producing the practice model implementation reports to Plaintiffs, Defendants will redact any information that pertains to non-class members.

DATED: December 23, 2014
AGREED TO BY:

/s/Marcia Robinson Lowry
Marcia Robinson Lowry (MBN 43991 *pro hac vice*)
Sara R. Robinson-Glasser (MBN 47547*pro hac vice*)
A BETTER CHILDHOOD, INC.
1095 Hardscrabble Road
Chappaqua, New York 10510
Telephone: (844) 422-2425
PLAINTIFFS' COUNSEL

W. Wayne Drinkwater, Jr. (MBN 6193)
BRADLEY ARANT ROSE & WHITE LLP
188 East Capitol Street, Suite 450
Jackson, Mississippi 39201
Telephone: (601) 948-8000

Christian D. Carbone (MBN 43986 *pro hac vice*)
John Piskora (MBN 44474 *pro hac vice*)
LOEB & LOEB LLP
345 Park Avenue
New York, New York 10154
Telephone: (212) 407-4000
PLAINTIFFS' COUNSEL

/s/Dewitt L. ("Rusty") Fortenberry, Jr.
Dewitt L. ("Rusty") Fortenberry, Jr. (MSB #5435)
Kenya Key Rachal (MSB # 99227)
Ashley C. Tullos (MSB # 101839)
BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC
4268 I-55 North
Meadowbrook Office Park
P.O. Box 14167
Jackson, Mississippi 39211
Telephone: (601) 351-2400

Harold Pizzetta, III, Esq.
Assistant Attorney General
General Civil Division
Carroll Gartin Justice Building
430 High Street
Jackson, Mississippi 39201
DEFENDANTS' COUNSEL

MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Division of Family & Children's Services

Request for Proposal

Group Home Services

750 North State Street
Jackson, MS 39202

RFP NO. 2015GRPHM001

Proposal Submission Deadline:
December 30, 2015, 12:00 p.m., Central Time

Contact Person:
Mike Gallarno, Director,
Division of Family & Children's Services
(601) 359-4999

MDHS WELCOMES PARTICIPATION OF MINORITY BUSINESSES

Invitation: Written proposals subject to the conditions herein stated and attached hereto, will be received at this office until **Wednesday, December 30, 2015 at 12:00 p.m., Central Time** for furnishing the services as described below for the Mississippi Department of Human Services (hereinafter "MDHS").

Description: MDHS is hereby requesting written proposals to provide Group Home Services. MDHS will receive proposals from firms having specific experience and qualifications in the area identified in the solicitation. For consideration, proposals for the project must contain evidence of the firm's experience and abilities in the specified area and other disciplines directly related to the proposed service. Other information required by MDHS may be included elsewhere in the solicitation. Unless otherwise stated, all proposers shall provide profiles and resumes of the staff to be assigned to the project, references, illustrative examples of similar work performed, and any other information that clearly demonstrates the proposer's expertise in the area of the solicitation. A selection committee shall review and evaluate all replies. The selection committee will have only the response to the solicitation to review for selection of finalists. It is, therefore, important that respondents emphasize specific information pertinent to the work. Evaluation of the responses will be based on the following criteria:

(1) The overall quality of the proposed plan for performing the required services (the plan should reflect an understanding of the project and its objectives). Describe how the services will be performed. Consideration will be given to the completeness of the response to the specific requirements of the solicitation. ***(Critical)***

(2) Proposer's ability to provide the required services as reflected/evidenced by qualifications (education, experience, etc.). This includes the ability of the proposer to provide a work product that is legally defensible. A narrative that includes specific timelines, education and general experience in providing the required services as outlined in the detailed specifications. ***(Very Important)***

(3) The personnel, equipment, facilities, and financial resources to perform the services currently available or demonstrated to be made at the time of contracting. ***(Important)***

(4) A descriptive overview of past performance of similar work in scope, size or discipline to the required services were performed or undertaken within the past three (3) years. ***(Important)***

(5) Cost. A narrative provided describing the proposed use of funds, cost effectiveness, accurate calculations and itemized budget breakdown of the funded services ***(Critical)***

Procurement Schedule

Task	Date
Advertisement Dates for RFP	December 1, 2015, December 8, 2015
Mandatory Pre-Proposal Conference	December 14, 2015 at 10:00 a.m. (see Section 13.2)
Receive Questions for Clarification Deadline	December 15, 2015 by 3:00 p.m. CT
Respond in Writing to Clarification	December 17, 2015 @www.mdhs.ms.gov
Required Letter of Intent Deadline	December 21, 2015, 12:00 p.m. CT
Proposals Deadline	December 30, 2015, 12:00 p.m. CT
Evaluation of Proposals	January 5, 2016
Notification to Proposer(s)	January 6, 2016
Contract Negotiations	January 6, 2016
Proposed Period of Performance	March 1, 2016 – February 28, 2017

NOTE: MDHS reserves the right to adjust the Procurement Schedule as it deems necessary.

Proposals must be received by MDHS no later than the **official deadline** of:

December 30, 2015, 12:00 p.m., Central Time

Proposals must be submitted to:
Mike Gallarno, Director
Division of Family & Children's Services
750 North State Street
Jackson, Mississippi 39202

Proposals must be received by the above named party by the official deadline to be considered. Proposals will be time stamped as they are received by MDHS.

Any Proposals received after the deadline will be marked as being LATE and will not be opened. All proposals received by MDHS are deemed to be the property of MDHS and may be used as MDHS sees fit. MDHS will not be responsible for non-delivery or late delivery of proposals. **The Proposer alone is responsible for ensuring that their proposal package is delivered to Mike Gallarno, Director, Division of Family & Children's Services no later than the official deadline.**

If using a commercial delivery company such as FedEx, UPS, USPS or any other public, private or commercial courier service that requires that you use their shipping package, your proposal should be sealed and labeled as stated above to prevent premature opening. Parties submitting proposals assume all risks of delivery, including late delivery, lost delivery or failure to deliver.

Lapses in protocol or deviations from the published standards can result in formal objections, legal challenges and delays in the overall award process, which will ultimately result in failure to provide the necessary services to the citizens of Mississippi.

MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Inquiries regarding this Request for Proposal must be directed to:

Mike Gallarno, Director
Division of Family & Children's Services
Mississippi Department of Human Services
750 North State Street
Jackson, Mississippi 39202
(601) 359-4999

Proposals and attachments must be submitted to:

Mike Gallarno, Director
Division of Family & Children's Services
Mississippi Department of Human Services
750 North State Street
Jackson, Mississippi 39202
(601) 359-4999

MDHS reserves the right to amend the contents of this RFP as it deems necessary. It is the Proposer's sole responsibility to monitor the website for amendments to this RFP to ensure that their response is pursuant to the amended RFP, if applicable. If applicable, the acknowledgement of amendment(s) must accompany the proposal immediately following the Proposal Cover Sheet (Exhibit A).

MDHS RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS WHERE THE PROPOSER TAKES EXCEPTION TO THE TERMS AND CONDITIONS OF THE RFP AND/OR FAILS TO MEET THE TERMS AND CONDITIONS AND/OR IN ANY WAY ATTEMPTS TO LIMIT THE RIGHTS OF MDHS AND/OR THE STATE OF MISSISSIPPI, INCLUDING BUT NOT LIMITED TO, THE REQUIRED CONTRACTUAL TERMS AND PROVISIONS SET FORTH IN THIS RFP.

MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

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MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family & Children's Services
750 NORTH STATE STREET
JACKSON, MISSISSIPPI 39202

1.0 Specifications, Terms and Conditions for Group Home Services

1.1 General Statement:

The Mississippi Department of Human Services (hereinafter "MDHS"), in order to ensure that selection procedures for screening applicants for jobs with the state service in Mississippi are job related and legally defensible, is desirous of securing the services of a professional consultant. Additional information may be obtained by written request to Mike Gallarno, Director, Mississippi Department of Human Services, 750 North State Street, Jackson, Mississippi 39202.

1.2 Authority to Contract

Contractor warrants (a) that it is a validly organized business with valid authority to enter into this agreement; (b) that it is qualified to do business and in good standing in the State of Mississippi; (c) that entry into and performance under this agreement is not restricted or prohibited by any loan, security, financing, contractual, or other agreement of any kind, and (d) notwithstanding any other provision of this agreement to the contrary, that there are no existing legal proceedings or prospective legal proceedings, either voluntary or otherwise, which may adversely affect its ability to perform its obligations under this agreement.

1.3 Detailed Specifications (Scope of Services):

Group Home Services

All services provided shall comply with all applicable federal and State of Mississippi laws, and regulations, as now existing and as may be amended or modified.

The goal for children in Group Home Care is lasting permanency through reunification, relative care, adoption, or guardianship. The purpose of Group Home Care is to provide an environment and services that will help children and their families develop the necessary skills to support lasting permanency.

The Group Home shall provide services to help children and youth return to their families, transition to a less restrictive setting, or to independent living. These services shall include but are not limited to:

1. Work with DFCS staff to develop an initial strengths and needs assessment and participate in treatment plan family team meetings and discharge plan family team meetings for each child placed with the Provider.

2. Allow and encourage children and youth to engage in age appropriate community and school based extracurricular activities of their choosing.

3. Work with children and youth and their permanent families to develop skills that will help support the goal of lasting permanency.

4. Work with children and youth to develop age appropriate independent living skills:
    a. Provide support for actions and goals set out in the youth's DFCS Independent Living Plan and/or Transitional Living Plan (to be provided to the Provider by the youth's DFCS worker).
    b. Help the youth attain educational goals, including graduation from high school with opportunities for higher education or vocational training.
    c. Help the youth to secure meaningful employment and a steady source of income.
    d. Ensure the youth has access to health care services.
    e. Provide the youth with opportunities to develop permanent connections within the community.

LICENSURE

All Group Home Care requires a current license by the Mississippi Department of Human Services/Division of Family and Children Services (DFCS). All contractors shall meet all requirements contained in ***Licensing Requirements for Residential Child Caring Agencies and Child Placing Agencies*** (Licensing Requirements). Contractors shall have access to, shall follow practice guidelines, and shall assist DFCS in meeting requirements contained in the MDHS/DFCS policy manual, which can be accessed online at www.mdhs.state.ms.us/family-childrens-services/dfcs-policy.

If the Provider is not yet licensed by DFCS, proof of application may be submitted in conjunction with the response to this request for proposals. If a contract is awarded, the Provider must be fully licensed by DFCS within one hundred twenty (120) days of the award date or the contract will be considered void. No children will be placed with the Provider under this contract until the Provider is fully licensed.

STAFFING AND PERSONNEL

The Provider shall show documentation of both direct care and professional staff on shifts around the clock in accordance with DFCS Licensing Requirements.

In addition to the Licensing Requirements, the Provider shall include a plan to ensure all staff persons are appropriately trained in:

1. Trauma based practices
2. Individualized prevention strategies to prevent trauma and emotional triggers
3. Individualized interventions to de-escalate psychological and emotional crises
4. Plans to utilize child and their family's unique coping strategies
5. Individualized interventions to address grief and loss a child experiences when removed into MDHS custody or when moved from one placement to another
6. The Mississippi Family Centered Practice Model
    a) Designate staff to attend a three day orientation (train the trainer) around Mississippi's Family Centered Practice Model for all administrative and clinical staff that will be scheduled in the first half of 2016 and be offered by DFCS
    b) After the initial training, DFCS will offer one (1) additional training each year for new Provider staff

DESCRIPTION OF SERVICES

The Group Home Program shall be designed to provide services to children and youth in MDHS custody ages ten (10) to twenty (20) years (or until the twenty first (21st) birthday if custody has been extended by the court). Group Homes may serve children younger than ten (10), upon written approval by the Regional Director, when they are siblings of a resident over age ten (10).

General Requirements

1. Services shall be provided in the least restrictive environment that is appropriate to the individual child's strengths and needs.
2. Services must reflect practice that is culturally responsive and designed to provide for the unique needs of each child.
3. Provider shall not discriminate against a child in its care based on gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.
4. Provider shall be actively engaged in preserving connections and relationships for children with their families of origin.
5. Medical, dental and mental health needs shall be addressed by the Provider for every child in custody of MDHS admitted to group home program.
6. The Provider shall be responsible for ensuring each child placed receives:
    a. An initial medical exam within seventy-two (72) hours of a child coming into MDHS custody and a comprehensive medical exam within thirty (30) days of a child coming into MDHS custody. The admission packet of the Provider should be designed to capture this information and DFCS county staff will be expected to inform Provider staff when the child came into custody. Both the initial and comprehensive exam may take place during the same medical appointment.
    b. Ongoing routine medicals shall be obtained for each child by anniversary date of child's timely initial medical exam.
    c. Every child three years old and older shall receive a dental examination within ninety (90) calendar days of foster care placement and every six months thereafter. Every foster child who reaches the age of three in care shall be provided with a dental examination within ninety (90) calendar days of his or her third birthday and every six (6) months thereafter.
    d. The Provider shall secure mental health assessments on all children age four (4) and above within thirty (30) days of the date of custody if child has not received one already.
    e. The Provider shall be responsible for ensuring all children receive ongoing mental health assessments and identified mental health services are put into place as necessary.
    f. Developmental assessments will be secured for all children ages zero to three (0-3) and for children older than three (3) when there is suspicion of any developmental delays.
    g. The Provider shall maintain an immunization schedule meeting the health needs of the child and the requirements of the State Department of Health as necessary.
    h. Medicaid providers shall be sought for all medical, dental, and mental services.

i. Medications will be administered and monitored by assigned staff of the Provider in accordance with Licensure Standards.
j. Administration of psychotropic medications requires a written authorization from the County of Responsibility.

7. The Provider shall send documentation of and from all medical, dental and mental health examinations or assessments to the child's DFCS worker within seventy hours (72) of receipt. Additionally, the DFCS worker shall be notified of all written and/or verbal recommendations for care immediately.
8. An inventory of all personal property of the child shall be completed by the Provider and DFCS staff at the time of admission and upon discharge. The Provider and DFCS staff must verify at admission and upon discharge the items the child is bringing to or taking from the Provider. Re-placement clothing will be provided by the DFCS County of Responsibility as needed.
9. Hygiene supplies shall be provided through the per diem rate by the Provider.
10. Any injury to a child shall be documented along with any subsequent treatment. The child's DFCS worker shall be notified immediately of minor or serious injuries and of the treatment required and/or received. Parental notification of serious injuries or treatment shall be made immediately by the child's DFCS worker. Any injury or other serious incidents shall be reported verbally and followed up in writing by the Provider to the DFCS Congregate Care Director.
11. All photographs including videos, media presentations, and publications require an Order of Limited Disclosure from child's Youth Court Judge that will be obtained by the child's DFCS worker. In addition, written consent shall be obtained from the DFCS County of Responsibility, the child, the primary caregivers, if available, and the Guardian Ad Litem.
12. In the event that the child runs away, is placed in a detention center or a hospital (acute or residential), or placed in any other emergency facility, the Provider shall immediately notify verbally and in writing: the DFCS Director of Congregate Care, County Social Worker, DFCS Nurse Supervisor, and law enforcement, if applicable. Additionally, the Provider shall work with DFCS staff to ensure that connections are maintained with the child (unless on runaway status) until they are able to return to a more permanent placement.
13. Family counseling/therapy, therapeutic support and family visits shall not be contingent on the child's behavior and cannot be denied to the child as part of any discipline.

Child and Family Initial and Ongoing Strengths and Needs Assessment

1. The Provider shall develop strategies and services to assist DFCS with an initial strengths and needs assessment to be incorporated into the DFCS Comprehensive Family Assessment, on each child/sibling group that will contain information concerning each child's permanency plan (upon determination by DFCS or Youth Court Judge), gather information that will aid DFCS in diligent search of relatives and permanent connections, and any other pertinent information needed to promote the safety and permanency of the child. This includes input from the child's parents and extended family.
2. The Provider shall coordinate with DFCS to ensure participation by its staff with developing and updating the initial strengths and needs assessment.

3. The strengths and needs assessment should include the following types of information:
    a. A list of important connections in the child's life and potential for strengthening those connections into relationships that would lead to permanency for children in foster care;
    b. A description of the child's general physical and presenting mental health status at the time of placement and on an on-going basis;
    c. If applicable, it should include a substance abuse evaluation: substance abuse/use by description of patterns of use: how much, how often and anything learned concerning history and age at onset;
    d. Treatment goals needed to transition to permanency when appropriate;
    e. Medical history that includes medical problems, alerts, present medications, and medication history of the child and parents;
    f. Special dietary needs of the child;
    g. A general evaluation regarding the child's/youth's functioning in the domains of community living or family support;
    h. Family status and involvement;
    i. Risk factors for suicide, runaway, violence, or sexual behaviors;
    j. An assessment or review of strengths, personal goals, and projected needs for child and parent;
    k. A history of the child's educational achievements and areas of concern or needs;
    l. Assessment of whether the child is currently eligible for special education services;
    m. Educational activities/status and interests;
    n. A summary of the child's developmental abilities and areas of concern or needs;
    o. A trauma history of significant traumatic events in the life of the child and family;
    p. Description or explanation of trauma triggers;
    q. Possible emotional or behavioral disruptions associated with these traumas;
    r. A review of significant losses of important relationships or belongings of the child and the impact of that loss on the child;
    s. Effective coping strategies the child engages to deal with these losses or the lack of coping strategies and possible triggers that may cause emotional and behavioral disruptions;
    t. Child's desires, hopes, wishes and expressed goals for own life and permanent connections; and a
    u. Summary of what the child enjoys doing and is good at doing.

Treatment Plan Family Team Meeting

1. The Provider shall initiate, schedule, and conduct a treatment plan family team meeting within the first seventy-two (72) hours of a child entering the Provider in order to begin gathering information for the strengths and needs assessment and the child and family treatment plan. This is separate from the DFCS Family Team Meeting to determine components of the Family Service Plan.
2. The Treatment Planning Family Team Meeting should address the initial strengths and needs assessment, past treatment history, time frames, roles and responsibilities,

permanent plans for the child, court hearings, visitation schedules, medical needs, dental needs, mental health needs, developmental abilities, family and child's strengths, coping mechanisms, behavioral challenges and trauma, grief and loss history, education history.

3. During the first thirty (30) days of a child's placement, Treatment Plan Family Team Meetings should take place weekly. After the first thirty (30) days, these meetings should be held at least monthly.
4. The Treatment Plan Family Team Meeting may be conducted in person or over the phone.
5. The Treatment Plan Family Team shall include, unless determined to be inappropriate by the DFCS County of Responsibility:
    a. DFCS County of Responsibility
    b. Child when age appropriate
    c. Birth parents, resource parents, and/or primary caregiver, as appropriate
    d. Potential relative placements
6. The Treatment Plan Family Team Meeting may also include, subject to appropriateness and availability:
    a. Important connections
    b. DFCS Educational Liaison
    c. DFCS Independent Living Coordinator
    d. DFCS Treatment Navigators
    e. DFCS County of Service
    f. DFCS Nurses
    g. Guardian Ad Litem
    h. Other Service providers, including:
        i. School Officials
        ii. Mental Health Therapist
        iii. MAP Team Coordinators
        iv. Mobile Crisis Unit
        v. Medical Staff
        vi. Other placement providers when a child is coming from another facility or is transferring to another facility
7. The DFCS County of Responsibility shall provide names and contact information for required and optional attendees.
8. The Provider shall document efforts to notify required and optional attendees. In the event that all parties who were scheduled to attend do not, the Provider shall conduct the meeting and provide written updates to the parties that were not able to attend.

Individualized Treatment Plans

1. The Provider shall assist DFCS workers to develop and initiate individualized treatment plans to be incorporated into the DFCS Family Service Plan for each child and family that is specific to that child's strengths, needs, and permanency plan.
2. The Provider in conjunction with the child's Family Team, as defined above, shall develop strategies that allow for comprehensive individualized treatment planning for the

child and their family when the plan is reunification, helping to identify a prospective family when the plan is for adoption, or identifying the next best placement for the child.

3. The initial treatment plan shall be completed within thirty (30) days of admission to the program and will be updated on an ongoing basis. The treatment plan must include the participation of Child's Family Team, as outlined above, and shall be approved and signed by the all participants.
4. The individualized treatment plan shall include:
    a. Plan to prevent trauma triggers – each child's triggers and their unique ways of coping should be utilized to prevent unnecessary re-victimization and trauma
        i. Child's current coping strategies should be used when reasonable – for instance if the child listens to music to calm down, the child's music should be made available and not taken away as a form of punishment.
    b. Plan to improve the child's capacity for emotional regulation and his or her coping mechanisms by providing opportunities and activities to promote both emotional regulation and coping, such as:
        i. Journaling, Music Therapy, Art Therapy, Martial Arts, Yoga, Sensory Integration, Breathing techniques, Animal Assisted Therapy, Hypnotherapy, Eye Movement Desensitization and Reprocessing are just a few evidenced based emotionally regulating activities. Several of these are free and can be implemented by the Provider. Others are Medicaid reimbursable, while the other may be accessed through partnerships in the community.
    c. It must address the trauma, grief and loss associated with children entering the foster care system.
    d. Protective and risk factors in parents – identifying the parent's protective and risk factors to develop a strengths based plan for reunification
    e. Child and family strengths
    f. Unique/individualized needs of child and their family
    g. Treatment goals that address the child's permanent and concurrent plan, as developed by DFCS
    h. Plans to address mental health related behaviors, including individual, group and family therapy or wrap around services as needed.
        i. Treatment goals established by the Provider and the mental health provider need to be made in conjunction with the child and family's permanency plan. Conflicting or separate goals can lead to unplanned discharges and delayed permanency.
    i. Crisis intervention plans to prevent placement disruption including the utilization of - MAP Team wrap around services, Mobile Crisis Services, or interagency wrap around support and crisis intervention strategies
    j. Education/Vocational
        i. Services that would inform, update, or initiate an Individualized Educational Plan when needed and enroll a child into appropriate classes.
        ii. Plans for transitions into other school districts or settings.
        iii. Surrogate parents are needed for every child in special education. If possible, it is hoped that parents or relatives can serve as a surrogate

parent as required by the Department of education. If these persons are not available, Federal Law prohibits public State Child Welfare Agency personnel from serving as a surrogate parent. A Provider staff member shall be required to serve as needed in the role of surrogate parent for special needs children placed in the Provider's program.

k. Developmental goals to help the child achieve age appropriate developmental milestones
l. Individualized plans for treating children with intellectual and developmental delays
m. Health – Medical/Dental
n. Medical necessities and medication management
o. Alcohol and drug awareness and education as needed
p. Coordination of alcohol and drug treatment as needed
q. Social/Independent Living (youth 14 and over)
    i. Independent living skills needed and strategies the Provider has to assist in the development of those skills in the youth while also taking advantage of those offered through DFCS' Contract Independent Living Skills Provider.
r. Maintaining permanent connections
    i. The identification of family supports and important connections of the child and engaging those connections.
    ii. Important connections can be familial or others who care about the child and family.
    iii. Plans of integrating the child back into the biological family (reunification) or into an identified foster or adoptive home (including relative and non-relative).
    iv. Visitation between the child and their family and siblings, including face to face visits, phone calls and other correspondence such as Skype, Facebook, etc. (These should be done in accordance to DFCS policy regarding family visitation). Children cannot be denied visitation for any reason (except in the case of a no contact order). Children's visitation with family is the child's right and shall not be used as an incentive or consequence in disciplinary actions.
    v. Reunification strategies.
    vi. Foster parent or relative recruitment strategies.
s. Recreation
    i. Plans for fun activities that would include family, siblings and others to build connections and relationships and add "normalcy" to the child's life.

Emergency Services

1. The Provider must have an emergency protocol, including a protocol for responding to behavioral based emergencies, to include contacting mobile crisis units for assessments and interventions to prevent placement disruptions if possible.
2. In case of medical or other type of emergencies, the Provider must provide respondents with immediate access to relevant information in the child/youth's record.

Discharge Planning

1. Every child shall have a planned transition to the next best placement.
2. Successful discharge planning may result a child going to live with a relative with needed support, going to adult services provided through the Department of Mental Health, going to college, being reunified with his or her family or being adopted. An unsuccessful discharge is an exit to a higher level of care, another agency of the same level of care, homelessness, runaway without readmission, and detention or jail without return to the program.
3. Punitive discharges shall not be allowed (discharges cannot be used as punishment for child's behavior).
4. The Provider shall schedule, initiate, and conduct the first Discharge Planning Family Team Meeting for the successful transition of the child back into their family or the identified next best placement within fourteen (14) days of the placement.
5. The final planned discharge meeting must be held two weeks prior to the child's discharge from the Provider.
6. The purpose of this meeting will be to discuss:
    a. Treatment progress as reported by mental health Provider
    b. Progress needed toward other goals
    c. Educational transition
    d. Medication management/needs
    e. Medical history and current physical health and needs
    f. Upcoming appointments
    g. Special dietary needs
    h. Trauma triggers
    i. Social, emotional and behavioral issues
    j. Child's interests
    k. Important connections
    l. Coping strategies
    m. Tangible needs
    n. Roles and responsibilities of each Team member in the transition process
7. This discharge plan will be provided in writing to all members within 48 hours of the meeting.
8. These meetings can take place in person or via conference call.
9. There should be a signature page for each treatment team meeting. The signatures account for attendance as well as agreement of the discussion and changes in the plan.
10. The Discharge Planning Family Team Meeting shall include, unless determined to be inappropriate by the DFCS COR:
    a. DFCS County of Responsibility
    b. Child when age appropriate
    c. Parents of the child
    d. Potential relative placements
11. The Discharge Plan Family Team Meeting may also include, subject to appropriateness and availability:
    a. Important connections

b. DFCS Educational Liaison
c. DFCS Independent Living Coordinator
d. DFCS Treatment Navigators
e. DFCS County of Service
f. DFCS Nurses
g. Guardian Ad Litem
h. Other Service Providers, including:
    i. School Officials
    ii. Mental Health Therapist
    iii. MAP Team Coordinators
    iv. Mobile Crisis Unit
    v. Medical Staff
    vi. Other placement Providers when a child is entering from another facility or is transferring to another facility.

Placement Disruption

1. No child shall be ejected from placement based on behaviors, unless it is deemed medically necessary that they go into a higher-level psychiatric treatment facility or unless the child presents an immediate threat of harm to himself or others. The Provider shall put forth all efforts to prevent this disruption, including utilizing MAP Teams, local and statewide wrap around services and Mobile Crisis Units. Immediate removal may occur if child is a threat of harm to self or others.
2. The Provider shall schedule a Discharge Family Team meeting any time it has an indication that the placement may be in danger of disrupting
3. In the event that a child may need a higher level of care than the Provider can provide and the Provider has put forth all efforts to prevent the placement from disruption, an emergency Discharge Family Team Meeting must be held to determine the next best placement for the child.
4. Upon discharge from the higher level of care, the child shall return to the same Provider if placement is needed.
5. Unplanned discharge meetings may be held with a forty-eight (48) hour notice.

Runaways and Serious Incidents

1. In the event that the child runs away, the Provider shall immediately notify verbally and in writing: the DFCS Director of Congregate Care, County Social Worker, and law enforcement.
2. If a child causes injury to the Provider's staff or another resident of the Provider, the Provider shall notify the DFCS County Social Worker as well as the Congregate Care Unit and file charges with Law enforcement so that the matter can be brought before the judge of jurisdiction. Payments shall not be made for the night child is absent due to runaway status. Termination will be considered after child has not been located in seven (7) calendar days.

Reporting

DFCS has identified the following Key Performance Indicators (KPI's) that will be monitored, though not incentivized, as it relates to improving outcomes for Mississippi children and families. These six priority areas are reflective of key practices and services that have a direct link to the achievement of outcomes that will be the focus of the Mississippi Performance Based Contracting model.

The Provider will be expected to submit the required data monthly on a web tool to be designed by DFCS prior to contract start date.

The five (5) areas the Provider will be expected to collect data on are as follows:

1. **Regular Treatment Planning Family Team Meetings and Discharge Family Team Meetings**

Data regarding the frequency of Treatment Planning Family Team Meetings and Discharge Family Team Meetings and attendance by Provider staff at MDHS scheduled Family Team Meetings and Foster Care Reviews for children placed in the Provider's care will be collected on an ongoing basis and will help inform the degree to which the Provider is actively engaged in case planning with the child and family.

2. **Facilitation by the Provider of frequent and consistent in-person visits between children in care and their parents and siblings**

Data regarding the frequency of parent/child visits and sibling visits for children placed in the Provider's care will be collected from the Provider to measure the extent to which the Provider is actively engaged in preserving connections and relationships for children with their families of origin.

3. **Ensuring the completion of initial physical, developmental and mental health assessments by the** Provider **for children in care in a timely manner**

Data will be collected from the Provider as to the timely assessments for children under their care for:

a. Initial (72 hour) medical assessments
b. 30 day comprehensive medical exams
c. Ages 0-3 developmental assessments
d. Ages 4 and up mental health assessments
e. School-age 30 day educational assessments
f. 90 day dental exams

4. **Prevention of unplanned placement discharges**

Data will be collected from the Provider on an ongoing basis for those children under their care for whom they have:

a. Requested a Discharge Planning Family Team
b. Requested removal (with 2 weeks' notice/without 2 weeks' notice)
c. Discharged under unplanned circumstances
d. Discharged to a less restrictive placement
e. Discharged to a more restrictive placement

5. **Preparing Older Youth for Independence**

Data will be collected from the Provider on an ongoing basis for those youth ages 14 and up, under their care as to:

a. Support of actions and goals set out in the youth's DFCS Independent Living Plan and/or Transitional Living Plan (to be provided to the Provider by the youth's DFCS worker)
b. Support to help youth attain educational goals, including graduation from high school with opportunities for higher education or vocational training
c. Support to secure for youth meaningful employment and a steady source of income
d. Support to ensure the youth has access to health care services
e. Permanent connections the youth has developed within the community.

Appeals procedures

The Department recognizes that in order to hold the Provider accountable for the outcomes of stability, permanency, and reentries, it will need to develop a timely, formal process where the Provider can bring any grievances related to case-specific practice.

Even though there will be a formal grievance process, the Department expects its county staff, state office staff, and the Provider to work to resolve any differences through consistent informal communications prior to beginning any of the formal procedures outlined below.

1. **There are two (2) situations where the** Provider **may institute the formal appeals process:**
   a. Placement or treatment decision is a threat to the safety of the child
   b. Placement or treatment decision is in opposition to the child's permanency plan

2. **The formal appeal process consists of three steps:**

a. Case Conference

The first step in resolving disagreements about case decisions is to hold a case conference with the DFCS caseworker and supervisor, Provider caseworker and supervisor. Both the DFCS County of Service and County of Responsibility should be included. All parties should document the case conference in their respective files. If still dissatisfied, the Provider must request the regional conference immediately.

b. Regional Conference

The second step in resolving a disagreement that cannot be resolved by a case conference is to hold a regional conference with the Regional Director. The Provider caseworker, supervisor and director should be present. The DFCS caseworker and supervisor must abide by the decision of the Regional Director. The Regional Director will provide a written response to be documented by all parties in their respective files.

c. State Office Review

If the Provider is not satisfied with the Regional Director's decision, the Provider may appeal the decision to the DFCS State Office case review committee. The case review committee will consist of DFCS Director or Designee, DFCS Field Operations Director or Designee, and the Bureau Director or designee most closely related to the cause of disagreement. The case review committee can meet face-to-face or by conference call, at the discretion of DFCS. The case review committee must include at least two of the above mentioned positions. Documentation from all parties involved in Step 1 and Step 2 shall be submitted to the Case Review Committee. The DFCS caseworker, supervisor, regional director and the Provider caseworker, supervisor, and director should be at the meeting or on the call to present their case and respond to questions from the committee. The case review committee will have the final word in case decisions. The

case review committee will provide written documentation of the decision to DFCS staff and Provider staff for their respective files.

For each level of the formal appeals process, Provider must request and DFCS must schedule and hold the appropriate conference or review within forty-eight (48) hours, excluding holidays and weekends, of the conclusion of the prior step.

Performance Measures

1. **Definitions**

- **Exits to Permanency** - All exits from state custody that are intended to provide the child with a stable, permanent family: reunification, guardianship and adoption.
- **Non-permanent Exits** – All exits from a Provider (e.g., aging out, runaway) that are not permanent.
- **Transfer Exit** – Exit from a Provider's custody to a placement location elsewhere in the state.
- **Re-entries** – Any child that has a permanent exit (reunification or guardianship) from care and returns to custody within 365 days of their exit.
- **Lasting Permanency** – All exits to permanency minus reentries for a period of one year after exit to permanency.
- **In Care Population** – The population in care as of January 1, 2016.
- **Admission** -- Entry with a Provider that occurred during a fiscal year window. Children who have temporary episodes in alternative locations (e.g. acute care facility, or college) will have that time bridged if the episode is less than 14 days.
- **Baseline Exits to Permanency** – The number and percent of children, from the corresponding in care and admission populations, the Provider would be expected to exit from out-of-home care, within a specified fiscal year period, to permanency (as defined in this section).
- **Baseline Re-entries** – The number and percent of children discharged to permanency who may be expected to return to care, given historical performance. For purposes of estimating the reentry to care, return to out-of-home care means any child who returns to out of home care from a permanent exit (reunification or guardianship, whether the foster home is supervised by DFCS, or a private Provider). For purposes of calculating the re-entry rate, the base includes children discharged to permanency from either the in care or admission population within the fiscal year, who return to care with one year of their discharge to permanency.
- **Baseline Lasting Permanency** – The number of children, from the corresponding in care and admission populations, the Provider would be expected to exit from out-of-home care, within two calendar years, to permanency (as defined in this section) minus the number of re-entries divided by the total number of children served during the evaluation period.
- **Targeted Exits to Permanency** – The number and percent of children for whom the Provider can be projected to achieve a permanent exit, given that the goal for improvement in performance is met.
- **Targeted Re-entries** -- The number and percentage of returns to out of home care after a successful exit to permanency within one fiscal year.
- **Target Lasting Permanency** - The percent of children for whom the Provider can be projected to achieve a lasting permanent exit, given the targeted improvement in exits to permanency and targeted reduction in re-entries.
- **Performance Period** - Period beginning on July 1, 2016 and ending on December 31, 2017 during which the Provider will be evaluated on performance measures.

2. Performance Evaluation

DFCS shall evaluate Provider performance in the following areas:

a) Permanent Exits
b) Re-entries after permanent exits

For the purposes of performance evaluation, the Provider will be evaluated on actual performance versus baseline performance (defined above) established at the beginning of the performance period and the targeted improvement identified below.

For a Provider who has never provided group home services, a baseline will be created from the average of all existing licensed group homes for the initial performance period. After the initial performance period, the Provider's baseline will become their own performance since the contract start date and any new Provider will be evaluated against that baseline in future renewals or new contracts.

For the July 1, 2016 – December 31, 2017 performance period, the targeted levels of performance improvement are as follows:

Outcomes	**Targeted Improvement**
Exits to permanency	+ 10% (ten percent more children will exit to permanency)
Re-entries	- 10% (ten percent fewer children will reenter care following permanent exit)

Performance will be evaluated at the conclusion of the two year performance period using the following framework:

Targeted Lasting Permanency = $\frac{\text{(Targeted Exits to Permanency) - (Targeted Reentries)}}{\text{Total Baseline Children Served}}$

Actual Performance = $\frac{\text{(Actual Exits to Permanency) - (Actual Reentries)}}{\text{Total Children Served}}$

Once actual and targeted performance has been established, as described above, Provider will potentially be eligible for an enhanced or premium rate for next contractual period based on Actual Performance compared to Baseline Lasting Permanency and Targeted Lasting Permanency:

	Less than Baseline Lasting Permanency	**Between Baseline and Target Lasting Permanency**	**Greater than Targeted Lasting Permanency**
Actual Performance	Base Rate	Enhanced Rate	Premium Rate

The Provider will be eligible for either the base, enhanced, or premium rate in in the subsequent contract renewal period or under a new contract pending the availability of funds in that State Fiscal Year.

Funding

The "board payment" for foster children is determined by DFCS dependent upon the appropriation of the Mississippi Legislature.

Board payments for a child in foster care may cover the cost of (and the cost of providing) the following:

- Food
- Clothing
- Shelter
- Daily supervision
- School supplies
- A child's personal incidentals
- Liability insurance with respect to the child
- Reasonable travel to the child's home for visitation with family, or other caretakers
- Reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement

Local travel associated with providing the items listed above is also an allowable expense. In the case of child care institutions, such items must include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentences.

The base rate can be found in Section D.VIII.B. *Resource Board Payment Schedule of the MDHS/DFCS Policy Manual.*

Payments will be made based on the number of nights a child physically spends in the placement; 12:01a.m. will begin a new day. Board payments will not be paid for the placement from which a child is removed, when temporarily moved to another placement such as trial home placements, incarceration (jails or detention centers), medical and/or behavioral institutions, attending college and/or placed on runaway status; nor will payments be made in the event that the home's license lapses (Refer to the board payment exceptions following.).

Board Payment Exceptions to Overnight Visit(s) and Temporary Move(s)

When a Resource Home or Residential Provider has committed to the child(ren) returning to their home or Provider after an overnight visit, receiving respite, medical and/or behavioral treatment, a placement change in MACWIS will not be required if they meet the following criteria:

- If child is on an overnight visit or receiving respite, medical and/or behavioral treatment for 0-3 days (72 hours), prior approval from ASWS and RD shall be obtained in writing through e-mail and documented in MACWIS.

- If child is on an overnight visit or receiving respite, medical and/or behavioral treatment for more than 72 hours, but not more than 14 days, and will return to the resource placement or Provider, prior approval from ASWS, RD and Field Operations Director shall be obtained in writing through e-mail and documented in MACWIS.
- In the event of an extraordinary circumstance concerning a youth in custody, it may be brought to Executive management (Deputy Administrator, DFCS Director and/or Field Operations Director) for consideration. The extraordinary circumstance shall be staffed with ASWS and RD. Upon staffing, when determined that further review is appropriate, only then will the matter be brought to the attention of DFCS Executive management for consideration. The extraordinary circumstance and decision shall be obtained in writing through e-mail and documented in MACWIS.

2.0 Consultant's Written Proposal Shall Contain the Following Minimum Information:

(1) name of consultant, location of consultant's principal place of business, and the place of performance of the proposed contract,

(2) age of consultant's business and the average number of employees over the past three years;

(3) resume' listing abilities, qualifications and experience of all individuals who will be assigned to provide the required services;

(4) listing of three contracts under which services similar in scope, size, or discipline were performed or undertaken, including at least two (2) references for current contracts or those awarded during the past three (3) years (On a proposal form, list three (3) projects to include the names and addresses of the projects, the scope of the project, and the names and telephone numbers of the clients for reference purposes. All information on the proposal form must be completed. Incomplete or unsigned proposal forms will be rejected.);

(5) a plan giving as much detail as is practical explaining how the services will be performed; and,

(6) an estimate of price.

3.0 Insurance Requirements

3.1 Each successful proposer shall maintain insurance which, at a minimum, shall include the following types of insurance and coverage limits:

General Comprehensive or Professional Liability Insurance – $1,000,000 each occurrence for bodily injury, personal injury, accidental death and property damage, with the State of Mississippi added as an additional insured;

Worker's Compensation – as required by the State of Mississippi; and,

Employee Dishonesty Insurance or Fidelity Bond Insurance with third party liability coverage and with limits of $1,000,000

3.2 Each successful proposer and/or carrier may be required, if applicable, to maintain the following types of insurance with coverage limits as identified and required by the Agency:

Automobile Liability Insurance – covering all vehicles, owned or otherwise, used in the contract work with limits of $1,000,000 for injuries including accidental death to any person and subject to the same limit for each person for any one accident involving two or more persons; and

Automobile Property Damage Insurance – covering all property by vehicle with limits of $1,000,000

All insurance policies shall be issued by companies authorized to do business under the laws of the State of Mississippi. A certificate of insurance providing the aforesaid coverage shall be furnished to MDHS prior to commencement of services resulting from this RFP.

4.0 Renewal of Contracts

The contract may be renewed at the discretion of the agency upon written notice to Contractor at least ninety (90) days prior to the contract anniversary date for a period of one (1) successive year under the same prices, terms, and conditions as in the original contract. The total number of renewal years permitted shall not exceed two (2). The renewal options shall end on February 28, 2019.

5.0 Type of Contract – Firm Fixed Price Agreement

6.0 Rejection of Proposals

Proposals which do not conform to the requirements set forth in this RFP may be rejected by MDHS. Proposals may be rejected for reasons which include, but are not limited to, the following:

(1) the proposal contains unauthorized amendments to the requirements of the RFP;

(2) the proposal is conditional;

(3) the proposal is incomplete or contains irregularities which make the proposal indefinite or ambiguous;

(4) the proposal is received late;

(5) the proposal is not signed by an authorized representative of the party;

(6) the proposal contains false or misleading statements or references; and,

(7) the proposal does not offer to provide all services required by the RFP.

7.0 Informalities and Irregularities

The MDHS has the right to waive minor defects or variations of a proposal from the exact requirements of the specifications that do not affect the price, quality, quantity, delivery, or

performance time of the services being procured. If insufficient information is submitted by a respondent with the proposal for the MDHS to properly evaluate the bid, the MDHS has the right to require such additional information as it may deem necessary after the time set for receipt of proposals, provided that the information requested does not change the price, quality, quantity, delivery, or performance time of the services being procured.

8.0 Disposition of Proposals

All submitted proposals become the property of the State of Mississippi.

9.0 Competitive Negotiation

The bidding method to be used is that of competitive negotiation from which MDHS is seeking the best combination of price, experience and quality of service. Discussions may be conducted with proposers who submit proposals determined to be reasonably susceptible of being selected for award. Likewise, MDHS also reserves the right to accept any proposal as submitted for contract award, without substantive negotiation of offered terms, services or prices. For these reasons, all parties are advised to propose their most favorable terms initially.

10.0 RFP Does Not Constitute Acceptance of Offer

The release of the Request for Proposal does not constitute an acceptance of any offer, nor does such release in any way obligate MDHS to execute a contract with any other party. MDHS reserves the right to accept, reject, or negotiate any or all offers on the basis of the evaluation criteria contained within this document. The final decision to execute a contract with any party rests solely with MDHS.

11.0 Exceptions and Deviations

Proposers taking exception to any part or section of the solicitation shall indicate such exceptions in the proposal and shall be fully described. Failure to indicate any exception will be interpreted as the proposer's intent to comply fully with the requirements as written. Conditional or qualified offers, unless specifically allowed, shall be subject to rejection in whole or in part.

12.0 Nonconforming Terms and Conditions

A proposal that includes terms and conditions that do not conform to the terms and conditions in the Request for Proposal is subject to rejection as non-responsive. MDHS reserves the right to permit the proposer to withdraw nonconforming terms and conditions from its proposal prior to a determination by the MDHS of non-responsiveness based on the submission of nonconforming terms and conditions.

13.0 Proposal Acceptance Period

The original and three (3) copies of the proposal and all attachments (four (4) copies total) shall be signed and submitted in a sealed envelope or package to Mike Gallarno, Director, 750 North State Street, Jackson, Mississippi 39202 no later than the time and date specified for receipt of proposals. Timely submission of the proposal is the responsibility of the proposer. Proposals received after the specified time, shall be rejected and returned to the proposer unopened. The envelope or package shall be marked with the proposal opening date and time and the number of the request for proposal. The time and date of receipt shall be indicated on the envelope or

package by the MDHS Business Office. Each page of the proposal and all attachments shall be identified with the name of the proposer.

13.1 Mailing or hand delivering one original and three (3) copies of the proposal. The original proposal and three (3) copies shall be submitted in a 3-ring binder for a total of four (4) binders, delivered in one sealed package or envelope, and each individual binder labeled with the name of the Proposer and the RFP No. 2015GRPHM001,

13.2 Mandatory Pre-Proposal Conference

A mandatory pre-proposal conference will be held at **10:00 a.m.** on **Monday, December 14, 2015 at 750 North State Street, Jackson, Mississippi 39205.** All interested parties are required to attend. The purpose of the pre-proposal conference is to allow potential proposers an opportunity to present questions to staff and obtain clarification of the requirements of the proposal documents. Because the [agency] considers the conference to be critical to understanding the proposal requirements, attendance is mandatory in order to qualify as a respondent. Minutes of the conference will not be published.

13.3 Required Letter of Intent

Proposers shall notify MDHS of their intention to submit a proposal. The letter of intent **(Exhibit B)** shall be submitted via email to mike.gallarno@mdhs.ms.gov by **December 21, 2015, 12:00 p.m. Central Time.** The letter of intent shall include the title of this request for proposals, the proposer's organizational name and address, one (1) to two (2) sentences stating that the proposer's organization intends to submit a proposal for this service, location of the service area, and the contact person's name, title, phone number, fax number, Tax I.D. number, DUNS number, address and email address. mike.gallarno@mdhs.ms.gov shall acknowledge receipt of letter of intent via email. **A NON--ACKNOWLEDGEMENT is a NON-RECEIPT of required letter of intent.**

14.0 Expenses Incurred in Preparing Offers

MDHS accepts no responsibility for any expense incurred by the proposer in the preparation and presentation of an offer. Such expenses shall be borne exclusively by the proposer.

15.0 Proprietary Information

The proposer should mark any and all pages of the proposal considered to be proprietary information which may remain confidential in accordance with Mississippi Code Annotated §§ 25-61-9 and 79-23-1 (1972, as amended). Any pages not marked accordingly will be subject to review by the general public after award of the contract. Requests to review the proprietary information will be handled in accordance with applicable legal procedures. **(Exhibit C)**

16.0 Additional Information

Questions about this Request for Proposal must be submitted in writing to Mike Gallarno, Director at 750 North State Street, Jackson, Mississippi 39202. Proposers are cautioned that any statements made by the contract or technical contract person that materially change any portion of the Request for Proposal shall not be relied upon unless subsequently ratified by a formal written amendment to the Request for Proposal. All questions and answers will be published on

MDHS' website (www.mdhs.ms.gov) in a manner that all proposers will be able to view by December 17, 2015 by 5:00 p.m.

17.0 Debarment

By submitting a proposal, the proposer certifies that it is not currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting proposals for contracts issued by any political subdivision or agency of the State of Mississippi. **(Exhibits D and E** - FDVR and PDV Forms, respectively)

18.0 Required Clauses for Procurement

18.1 Acknowledgment of Amendments

Proposers shall acknowledge receipt of any amendment to the solicitation by signing and returning the amendment **(Exhibit F)** with the proposal, by identifying the amendment number and date in the space provided for this purpose on the proposal form, or by letter. The acknowledgment must be received by MDHS by the time and at the place specified for receipt of proposals.

18.2 Certification of Independent Price Determination

The proposer certifies that the prices submitted in response to the solicitation have been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other proposer or competitor relating to those prices, the intention to submit a bid, or the methods or factors used to calculate the prices bid.

18.3 Prospective Contractor's Representation Regarding Contingent Fees *(To be placed in prospective Contractor's response proposal.)* The prospective Contractor represents as a part of such Contractor's bid or proposal that such Contractor has/has not *(use applicable word or words)* retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract **(Exhibit G).**

18.4 E-Verification

If applicable, Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act of 2008, and will register and participate in the status verification system for all newly hired employees. Miss. Code Ann. §71-11-1 *et seq.* (1972, as amended). The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Contractor agrees to maintain records of such compliance. Upon request of the State, and after approval of the Social Security Administration or Department of Homeland Security when required, Contractor agrees to provide a copy of each such verification. Contractor further represents and warrants that any person assigned to perform services hereafter meets the employment eligibility requirements of

all immigration laws. The breach of this agreement may subject Contractor to the following:

a) termination of this contract for services and ineligibility for any state or public contract in Mississippi for up to three (3) years with notice of such cancellation/termination being made public;

b) the loss of any license, permit, certification or other document granted to Contractor by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year; or,

c) both. In the event of such cancellation/termination, Contractor would also be liable for any additional costs incurred by the State due to Contract cancellation or loss of license or permit to do business in the State.

18.5 Transparency

This contract, including any accompanying exhibits, attachments, and appendices, is subject to the "Mississippi Public Records Act of 1983," and its exceptions. See Miss. Code Ann. §§25-61-1 et seq., (1972, as amended) and Miss. Code Ann. § 79-23-1 (1972, as amended). In addition, this contract is subject to the provisions of the Mississippi Accountability and Transparency Act of 2008. Miss. Code Ann. §§27-104-151 et seq. (1972, as amended). Unless exempted from disclosure due to a court-issued protective order, a copy of this executed contract is required to be posted to the Department of Finance and Administration's independent agency contract website for public access at http://www.transparency.mississippi.gov. Information identified by Contractor as trade secrets, or other proprietary information, including confidential vendor information, or any other information which is required confidential by state or federal law or outside the applicable freedom of information statutes, will be redacted.

18.6 Paymode

Payments by state agencies using the Mississippi's Accountability System for Government Information and Collaboration (MAGIC) shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of Contractor's choice. The State may, at its sole discretion, require Contractor to electronically submit invoices and supporting documentation at any time during the term of this Agreement. Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency

18.7 E-Payment

Contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. The agency agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies," which generally provides for payment of undisputed amounts by the agency within forty-five (45) days of receipt of invoice. Miss. Code Ann. § 31-7-305 (1972, as amended).

18.8 Representation Regarding Contingent Fees

Contractor represents that it has not retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's proposal.

18.9 Representation Regarding Gratuities

The proposer, or Contractor represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the *Mississippi Personal Service Contract Review Board Rules and Regulations*.

19.0 Evaluation Procedure and Factors to be Considered in the Evaluation Process:

19.1 Qualifications of Proposer

The proposer may be required before the award of any contract to show to the complete satisfaction of MDHS that it has the necessary facilities, ability, and financial resources to provide the service specified therein in a satisfactory manner. The proposer may also be required to give a past history and references in order to satisfy MDHS in regard to the proposer's qualifications. MDHS may make reasonable investigations deemed necessary and proper to determine the ability of the proposer to perform the work, and the proposer shall furnish to MDHS all information for this purpose that may be requested. MDHS reserves the right to reject any offer if the evidence submitted by, or investigation of, the proposer fails to satisfy MDHS that the proposer is properly qualified to carry out the obligations of the contract and to complete the work described therein. Evaluation of the proposer's qualifications shall include:

(1) the ability, capacity, skill, and financial resources to perform the work or provide the service required;
(2) the ability of the proposer to perform the work or provide the service promptly or within the time specified, without delay or interference;
(3) the character, integrity, reputation, judgment, experience, and efficiency of the proposer; and,
(4) the quality of performance of previous contracts or services.

19.2 Step One: Proposals will be reviewed to assure compliance with the minimum specifications. Proposals that do not comply with the detailed specifications will be rejected immediately, receiving no further consideration.

19.3 Step Two: Proposals that satisfactorily complete Step One will be reviewed/analyzed to determine if the proposal adequately meets the needs of MDHS. Factors to be considered as evaluation criteria are as follows:

(1) The overall quality of the proposed plan for performing the required services (the plan should reflect an understanding of the project and its objectives). Describe how the services will be performed. Consideration will be given to the completeness of the response to the specific requirements of the solicitation. ***(Critical)*** **25 Points**

(2) Proposer's ability to provide the required services as reflected/evidenced by qualifications (education, experience, etc.). This includes the ability of the proposer to provide a work product that is legally defensible. A narrative that includes specific timelines, education and general experience in providing the required services as outlined in the detailed specifications. *(Very Important)* **20 Points**

(3) The personnel, equipment, facilities, and financial resources to perform the services currently available or demonstrated to be made at the time of contracting. *(Important)* **15 Points**

(4) A descriptive overview of past performance of similar work in scope, size or discipline to the required services were performed or undertaken within the past three (3) years. *(Important)* **15 Points**

(5) Cost. A narrative (**Exhibit H**) describing the proposed use of funds, cost effectiveness and itemized budget breakdown of the funded services with calculations/formulas that support the budget breakdown. **A maximum of 15 points will be awarded for the budget narrative and a maximum of 10 points will be awarded for "price" per a formula (Exhibit I).** *(Critical)* **25 Points**

Total: 100 Points

19.4 Step Three: The MDHS Executive Director or his/her designee will contact the proposer with the proposal which best meets MDHS's needs (based on factors evaluated in Step Two) and attempt to negotiate an agreement that is deemed acceptable to both parties.

The award of a contract to a Proposer does not mean that the other proposals lacked merit; but with price, quality of service and other factors considered, the selected proposal was deemed to provide the best value or be the most advantageous to the State of Mississippi based on all factors considered.

20.0 Cost Data Submitted at This Stage is Subject to Negotiation but Should Include an Estimate of the Annual Cost of the Service

21.0 The Following Response Format Shall Be Used for All Submitted Proposals:

21.1 Management Summary: Provide a cover letter indicating the underlying philosophy of the firm in providing the service.

21.2 Proposal: Describe in detail how the service will be provided. Include a description of major tasks and subtasks.

21.3 Corporate experience and capacity: Describe the experience of the firm in providing the service, give number of years that the service has been delivered, and provide a statement on the extent of any corporate expansion required to handle the service.

21.4. Personnel: Attach resumes' of all those who will be involved in the delivery of service (from principals to field technicians) that include their experience in this area of

service delivery. Indicate the level of involvement by principals of the firm in the day-to-day operation of the contract.

21.5. References: Give at least three (3) references for contracts of similar size and scope, including at least two (2) references for current contracts or those awarded during the past three years. Include the name of the organization, the length of the contract, a brief summary of the work, and the name and telephone number of a responsible contact person.

21.6. Acceptance of conditions: Indicate any exceptions to the general terms and conditions of the bid document and to insurance, bonding, and any other requirements listed.

21.7. Additional data: Provide any additional information that will aid in evaluation of the response.

21.8. Cost data: Estimate the annual cost of the service. Cost data submitted at this stage is not binding and is subject to negotiation if your firm is chosen as a finalist. Include the number of personnel proposed to be assigned to the contract and the total estimated cost of the labor portion of the contract (include a sample staffing chart). Identify all non-labor costs and their estimated totals.

22.0 Debriefing Request

A proposer, successful or unsuccessful, may request a post-award proposer debriefing, in writing, by U.S. mail or electronic submission, to be received by the agency within three (3) business days of notification of the contract award. A proposer debriefing is a meeting and not a hearing; therefore, legal representation is not required. If a vendor prefers to have legal representation present, the proposer must notify the agency and identify its attorney by name, address, and telephone number. MDHS shall be allowed to schedule and/or suspend and reschedule the meeting at a time when a representative of the Office of the Mississippi Attorney General can be present.

For additional information regarding Post-Award Debriefing, as well as the information that may be provided and excluded, please see Section 7-112 through 7-112.07, Post-Award Vendor Debriefing, of the Mississippi Personal Service Contract Review Board's Rules and Regulations.

23.0 Protests

Any actual or prospective proposer, offerer, or contractor who is aggrieved in connection with this solicitation or the outcome of this RFP may file a protest with the Director of MDHS. The protest shall be submitted within seven (7) calendar days following award date, in writing after such aggrieved person or entity knows or should have known of the facts giving rise thereto. All protests must be in writing, dated, signed by the proposer or an individual authorized to sign contracts on behalf of the protesting proposer, and contain a statement of the reason(s) for protest, citing the law(s), rule(s) and regulation(s) or procedure(s) on which the protest is based. The written protest letter shall contain an explanation of the specific basis for the protest. The protesting proposer must provide facts and evidence to support the protest. A protest is considered filed when received by the Director of MDHS via either U.S. mail, postage prepaid, or by personal delivery. Protests filed after seven (7) calendar days following award date will not be considered.

24.0 Proposal Exceptions

Please return the *Proposal Exception Summary Form* **(Exhibit J)** with all exceptions to items in any Section of this RFP listed and clearly explained or state "No Exceptions Taken." If no *Proposal Exception Summary Form* is included, the Proposer is indicating that he takes no exceptions to any item in this RFP document.

24.1 Unless specifically disallowed on any specification herein, the Proposer may take exception to any point within this RFP, including a specification denoted with "must" or "shall," as long as the following are true:

24.1.1 The specification is not a matter of State law;

24.1.2 The proposal still meets the intent of the RFP

24.1.3 A *Proposal Exception Summary Form* is included with the proposal; and

24.1.4 The exception is clearly explained, along with any alternative or substitution the Proposer proposes to address the intent of the specification, on the Proposal *Exception Summary Form.*

24.2 The Proposer has no liability to provide items to which an exception has been taken. MDHS has no obligation to accept any exception. During the proposal evaluation and/or contract negotiation process, the Proposer and MDHS will discuss each exception and take one of the following actions:

24.2.1 The Proposer will withdraw the exception and meet the specification in the manner prescribed;

24.2.2 MDHS will determine that the exception neither poses significant risk to the project nor undermines the intent of the RFP and will accept the exception;

24.2.3 MDHS and the Proposer will agree on compromise language dealing with the exception and will insert same into the contract; or

24.2.4 None of the above actions is possible, and MDHS either disqualifies the proposal or withdraws the award and proceeds to the next ranked Proposer.

24.3 Shall MDHS and the Proposer reach a successful agreement, MDHS will sign adjacent to each exception which is being accepted or submit a formal written response to the *Proposal Exception Summary* responding to each of the Proposer's exceptions. The *Proposal Exception Summary*, with those exceptions approved by MDHS, will become a part of any contract on acquisitions made under this RFP.

24.4 An exception will be accepted or rejected at the sole discretion of MDHS.

24.5 MDHS desires to award this RFP to a Proposer with whom there is a high probability of establishing a mutually agreeable contract, substantially within the standard terms and conditions of the State's RFP, including the *Standard Contract* in **Exhibit K**. As such, proposals, in the sole opinion of MDHS, reflect a substantial number of material exceptions to this RFP, may place themselves at a comparative disadvantage in the evaluation process or risk disqualification of their proposals.

24.6 For Proposers who have successfully negotiated a contract with MDHS in the past, MDHS requests that, prior to taking any exceptions to this RFP, the individual(s) preparing this proposal first confer with other individuals who have previously submitted proposals to MDHS or participated in contract negotiations with MDHS on behalf of their company, to ensure the Proposer is consistent in the items to which it takes exception.

Exhibit A

Proposal Number: 2015GRPHM001 (For use by MDHS)

Mississippi Department of Human Services

Division of Family & Children's Services

Proposal Cover Sheet

Name of Organization:_____

DUNS #_____

(FOR CLASSIFICATION PURPOSES ONLY)

□ MINORITY OWNED □ WOMEN OWNED □ NOT APPLICABLE

Please complete the State of Mississippi Minority Vendor Self Certification Form (Exhibit L)

Date Submitted:_____ Amount of Funding Requested: $_____

Proposer Organization Information:

Name of Organization:_____

Mailing Address:_____

Chief Executive Officer:_____

Phone: (____)_____ Fax: (____)_____

Email: _____ Organization's Tax ID#:_____

Contact Person for Proposal:

Name:_____ Title:_____

Mailing Address: _____

Phone: (____)_____ Fax: (____)_____

Email: _____

Provide a brief description of the proposed project (Limited to space provided)

_____ _____

Signature of Authorized Official/Title Date

Exhibit B

REQUIRED LETTER OF INTENT

Date:_____

Mr./Ms./Dr. _____

Title_____

Address_____

City, State, Zip Code_____

Dear Mr./Ms./Dr.:_____

This letter confirms our intent to submit a proposal pursuant to RFP #_____.

_____ service area includes_____. Also, in
Organization Name

compliance with the requirements of the letter of intent, _____ submits the
Organization Name

following information:

Contact Person's Name:_____

Contact Person's Title:_____

Phone Number:_____

Fax Number:_____

Tax I.D. Number:_____

DUNS Number:_____

Physical Address:_____

Authorized Official's Email Address:_____

Thank you for your consideration.

Sincerely,

Authorized Official

Exhibit C

Proprietary Information Form

Did the proposer submit any information to the agency for the Group Home Services Request for Proposal which contained trade secrets or other proprietary data which the contractor wishes to remain confidential in accordance with Section 25-61-9 and 79-23-1 of the Mississippi Code?

Yes _____ No _____

If yes, please indicate which parts/pages below that the contractor wishes to designate as proprietary.

1.

2.

3.

4.

5.

_____ _____ **(No stamped signature)**

Signature of Authorized Official/ Title Date

_____

Name of Organization

Exhibit D

FDVR FORM
REVISED OCTOBER 13, 2015

FEDERAL DEBARMENT VERIFICATION REQUIREMENT

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

DIVISION OF FAMILY & CHILDREN'S SERVICES

_____, hereby certifies that _____
Contractor's Authorized Official Contractor's

_____ is not on the list for federal debarment on www.sam.gov – System
Name

for Award Management (SAM). If _____is placed on the
Contractor's Name

federal debarment list, _____ shall notify the
Contractor's Authorized Official

appropriate funding division(s) of the Mississippi Department of Human Services (MDHS) within 24 hours (Monday-Friday). Further, MDHS, Division of Family & Children's Services will immediately terminate the subgrant(s)/contract(s) between MDHS,

Division of Family & Children's Services and _____.
Division's Name Contractor's Name

_____
Authorized Official's Typed Name/Title

_____ _____**(No stamped signature)**
Signature of Authorized Official Date

_____
Witness

_____
Witness

Exhibit E

PDV FORM
REVISED OCTOBER 13, 2015

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

DIVISION OF FAMILY & CHILDREN'S SERVICES

PARTNERSHIP DEBARMENT VERIFICATION

_____, hereby certifies that all entities who are in partnership with
Contractor's Name

MDHS (subcontractors, subrecipients, et al.) are not on the list for debarment found in the Excluded Parties List System (EPLS), now known as System for Award Management (SAM). Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every subgrant and modification to the Division of Family & Children's Services. _____ also understands
Division's Name Contractor's Name

that if an entity that we are in partnership with is on SAM, we will immediately terminate our agreement with the subcontractor, subrecipient, et al.

_____ **(No stamped signature)**
Authorized Official's Typed Name/Title

_____ _____
Signature of Authorized Official Date

_____
Witness

_____
Witness

Exhibit F

Acknowledgement of Amendment to RFP No. 2015GRPHM001

I, _____, acknowledge that RFP No. has been amended on
Authorized Official's Name

_____ to include the following:
Date

_____

_____

_____

_____

I, _____, understand that proposals will **only** be accepted from
Authorized Official's Name

proposers who submit this acknowledgement of amendment #_____.

_____
Name of Company

_____
Authorized Official's Typed Name/Title

_____ _____**(No stamped signature)**
Signature of Authorized Official Date

This acknowledgement should be enclosed in accordance with the instructions located in Section 18.1 of this RFP.

Exhibit G

Prospective Contractor's Representation Regarding Contingent Fees

The prospective contractor (_____) represents that it has / has not (please circle the appropriate answer) retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

_____ _____

Signature of Authorized Official/ Title Date

(No stamped signature)

Exhibit H

Budget Narrative*

Specific Category of Service	Hourly/Daily/Monthly Rate	No. of Hours/Days/Months	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total Amount: $_____

*Must include an itemized breakdown of the above-referenced budget categories and explain how each line item was calculated. All pricing should be based on contract deliverables on page 1 and include all associated costs with no additional or hidden fees.

Exhibit I

Formula for Evaluating Cost

1. Company A=$150,000	**Company A=10**
2. Company B=$160,000	**Company B=** **150,000/160,000=.9375 x 10=9.375**
3. Company C=$180,000	**Company C=** **150,000/180,000=.8333 x 10=8.333**

Company A is the lowest proposer; therefore, the total evaluation points for price=10

Exhibit J

Proposal Exception Summary Form

List and clearly explain any exceptions, for all RFP Sections and Exhibits, in the table below.

RFP Reference	Proposer Proposal Reference	Brief Explanation of Exception	MDHS Acceptance (sign here only if accepted)
Reference specific outline point to which exception is taken	Page, section, items in Proposer's proposal where exception is explained	Short description of exception being made	
1			
2			
3			
4			
5			
6			
7			

Revised 3/2015

Exhibit K

STATE OF MISSISSIPPI

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

CONTRACT FOR PERSONAL OR PROFESSIONAL SERVICES

1. **Parties.** This Contract is made and entered into by and between the Division of _____, Mississippi Department of Human Services, hereinafter referred to as "MDHS," and _____, hereinafter referred to as "Independent Contractor."

2. **Purpose.** MDHS hereby engages the Independent Contractor and the Independent Contractor hereby agrees to render certain professional services described in Paragraph 3, "Scope of Services."

3. **Scope of Services.** The Independent Contractor shall perform and render the following services:

4. **Period of Performance.** The period of performance of services under this Contract shall begin on _____ and end on _____.

If "Option to renew" Clause is in procurement:

4. **Period of Performance.** The period of performance of services under this Contract shall begin on _____ and end on_____. Upon notification to (Independent Contractor's Name) by MDHS, at least (90) days prior to each contract anniversary date, the contract may be renewed by MDHS for a period of four (4) successive one-year period(s) under the same prices, terms and conditions as in the original contract. The total number of renewal years permitted shall not exceed four (4). However, if MDHS does not intend to renew the contract, the (Independent Contractor's Name) shall be notified at least ninety (90) days prior to the contract anniversary date.

5. **Consideration and Method of Payment.**

A. As consideration of all services and performances under this Contract, Independent Contractor shall be paid a fee not to exceed _____($_____). It is expressly understood and agreed that in no event will the total compensation paid hereunder exceed the specified amount of _____($_____).

B. The Independent Contractor will bill MDHS for its services on a _____ basis. Following the satisfactory completion, as determined by MDHS, of its (daily, weekly, bi-

monthly, monthly, etc.) services, the State requires the Independent Contractor to submit invoices electronically throughout the term of the agreement. Invoices shall be submitted to MDHS using the processes and procedures identified by the State. The appropriate documentation shall be submitted on the last working day of the month, with the final invoice to be submitted within five (5) working days after the contract ending date.

C. **PAYMODE**: Payments by state agencies using the ***Mississippi's Accountability System For Government Information and Collaboration (MAGIC)*** shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of the Independent Contractor's choice. The State may, at its sole discretion, require the Independent Contractor to submit invoices and supporting documentation electronically, at any time, during the term of this Agreement. Independent Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

D. **E-PAYMENT**: Independent Contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. MDHS agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies," Mississippi Code Annotated 31-7-301, et. Seq., which generally provides for payment of undisputed amounts by MDHS within forty-five (45) days of receipt of invoice.

6. **Relationship of Parties.**

A. It is expressly understood and agreed that MDHS enters into this Contract with Independent Contractor on a purchase of service basis and not on an employer-employee relationship basis. Nothing contained herein shall be deemed or construed by MDHS, the Independent Contractor, or any third party as creating the relationship of principal and agent, partners, joint venturers, or any similar such relationship between MDHS and the Independent Contractor. Neither the method of computation of fees or other charges, nor any other provision contained herein, nor any act of MDHS or the Independent Contractor hereunder, creates or shall be deemed to create a relationship other than the independent relationship of MDHS and the Independent Contractor.

B. Independent Contractor represents that it has, or will secure, at its own expense, applicable personnel who shall be qualified to perform the duty required to be performed under this Contract.

C. Any person assigned by Independent Contractor to perform the services hereunder shall be the employee of Independent Contractor, who shall have the sole right to hire and discharge its employee. MDHS may, however, direct Independent Contractor to replace any of its employees under this Contract. If Independent Contractor is notified within the first eight

(8) hours of assignment that the person is unsatisfactory, Independent Contractor will not charge MDHS for those hours.

D. It is further understood that the consideration expressed herein constitutes full and complete compensation for all services and performances hereunder, and that any sum due and payable to Independent Contractor shall be paid as a gross sum with no withholdings or deductions being made by MDHS for any purpose from said Contract sum.

E. Independent Contractor shall pay when due all salaries and wages of its employees, and it accepts exclusive responsibility for the payment of Federal Income Tax, State Income Tax, Social Security, Unemployment Compensation and any other withholdings that may be required.

7. Termination for Cause. If, through any cause, Independent Contractor fails to fulfill in a timely and proper manner, as determined by MDHS, its obligations under this Contract, or if Independent Contractor shall violate any of the covenants, agreements, or stipulations of this Contract, MDHS shall thereupon have the right to terminate the Contract by giving written notice to Independent Contractor of such termination and specifying the effective date thereof at least five (5) days before the effective date of such termination. In the event of such termination, Independent Contractor shall be entitled to receive just and equitable compensation for satisfactory work completed on services or documents or materials collected and/or prepared by Independent Contractor in connection with this Contract. Such compensation shall be based upon the fees set forth in Paragraph 5, but, in no case, shall said compensation exceed the total Contract price.

Notwithstanding the above, Independent Contractor shall not be relieved of liability to MDHS for damages sustained by MDHS by virtue of any breach of this Contract by Independent Contractor, and MDHS may withhold any payments to Independent Contractor for the purpose of set off until such time as the exact damages due to MDHS from Independent Contractor are determined.

8. Termination for Convenience of MDHS. MDHS may terminate this Contract at any time by giving written notice to Independent Contractor of such termination and specifying the effective date thereof at least five (5) days before the effective date of such termination. Independent Contractor shall be paid an amount which bears the same ratio to the total compensation as the services actually and satisfactorily performed bear to the total services of Independent Contractor covered by the Contract, less payments of compensation previously made.

9. **Ownership of Documents and Work Products.** All data collected by Independent Contractor and all documents, notes, programs, data bases (and all applications thereof), files, reports, studies, and/or other material collected and prepared by Independent Contractor in connection with this Contract shall be the property of MDHS upon completion or termination of this Contract. MDHS hereby reserves all rights to the data base and all applications thereof and to any and all information and/or materials prepared under this Contract.

The Independent Contractor is prohibited from use of the above described information and/or materials without the express written approval of MDHS.

10. **Record Retention and Access to Records.** Independent Contractor shall maintain, and make available to MDHS, any State agency authorized to audit MDHS, the federal grantor agency, the Comptroller General of the United States or any of their duly authorized representatives, financial records, supporting documents, statistical records, and all other records pertinent to the services performed under this Contract. These records shall be maintained for at least three (3) years; however, if any litigation or other legal action, by or on behalf of the state or federal government has begun that is not completed at the end of the three-year period, or if audit finding, litigation, or other legal action has not been resolved at the end of the three-year period, the records shall be retained until resolution.

11. **Modification or Amendment.** Modifications, changes, or amendments to this Contract may be made upon mutual agreement of the parties hereto. However, any change, supplement, modification, or amendment of any term, provision, or condition of this Contract must be in writing and signed by both parties hereto.

12. **Assignments and Subcontracts.** Independent Contractor shall not assign, sublet, or otherwise transfer the obligations incurred on its part pursuant to the terms of this Contract without the prior written consent of MDHS. Any attempted assignment or transfer of its obligation without such consent shall be wholly void.

13. **Waiver.** Failure of either party hereto to insist upon strict compliance with any of the terms, covenants, and conditions hereof shall not be deemed a waiver or relinquishment of any similar right or power hereunder at any subsequent time or of any other provision hereof, nor shall it be construed to be a modification of the terms of this Contract.

14. **Availability of Funds.** It is expressly understood and agreed that the obligation of MDHS to proceed under this Contract is conditioned upon the availability of funds, the appropriation of funds by the Mississippi Legislature, and the receipt of state and/or federal funds. If, at any time, the funds anticipated for the fulfillment of this Contract are not forthcoming or are insufficient, either through the failure of the federal government to provide

funds or of the State of Mississippi to appropriate funds or the discontinuance or material alteration of the program under which funds were provided, or if funds are not otherwise available to MDHS for the performance of this Contract, MDHS shall have the right, upon written notice to Independent Contractor, to immediately terminate this Contract without damage, penalty, cost, or expense to MDHS of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.

15. Price Adjustment.

A. Price Adjustment Methods. The Contract price may be changed only by written agreement of the parties. The value of any work covered by any claim for increase or decrease in the Contract Price shall be determined by one or more of the following methods:

(1) Unit prices, if any, previously approved by the parties and specified in this Contract; or

(2) MDHS may, at any time by written order, make changes in the specifications within the general scope of this Agreement. If any such change causes an increase in the amount due under this Contract or in the time required for performance under this Agreement and if MDHS decides that the change justifies an adjustment to the Contract, an equitable adjustment in the Contract may be made by written modification of this Agreement.

No charge for any extra work or material will be allowed unless the same has been provided for by written amendment to this Contract signed by both parties.

B. Submission of Cost Pricing Data. The Independent Contractor shall provide cost or pricing data for any price adjustments subject to the provisions of Section 3-403 (Cost or Pricing Data) of the Mississippi Personal Service Contract Procurement Regulations.

16. Indemnification. MDHS shall, at no time, be legally responsible for any negligence or wrongdoing by the Independent Contractor and/or its employees, servants, agents, contractors, and/or subcontractors. Independent Contractor agrees to indemnify, defend, save and hold harmless MDHS from and against all claims, demands, liabilities, suits, damages, and costs of every kind and nature whatsoever, including court costs and attorney's fees, arising out of or caused by Independent Contractor and its employees, agents, contractors, and/or subcontractors in the performance of this Contract.

OR

Only, use this option with Independent Contractors that are State agencies or political subdivisions of the State:

Responsibility For Claims. ***Each party shall be responsible for all claims, demands, liabilities, suits, damages, costs, and expenses of every kind, including court costs and attorney's fees, arising out of this Agreement and caused by the party's own, principals, agents, employees, contractors or subcontractors while performing under this Agreement. Further, the parties assume no liability for the actions or omissions of each other's agents, representatives, employees, contractors, subcontractors, or providers.***

17. Insurance. Independent Contractor represents that it will maintain workers' compensation insurance which shall inure to the benefit of all Independent Contractor's personnel performing services under this Contract, comprehensive general liability insurance, and employee fidelity bond insurance. Independent Contractor will furnish MDHS a certificate of insurance providing the aforesaid coverage, prior to the commencement of performance under this Agreement.

18. Applicable Law. The contract shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of laws provisions, and any litigation with respect thereto shall be brought in a court of competent jurisdiction, Jackson, Hinds County, Mississippi. The Independent Contractor shall comply with applicable federal, state and local laws and regulations.

19. Representation Regarding Contingent Fees. The Independent Contractor represents that it has not retained a person to solicit or secure a State contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the Independent Contractor's bid, proposal, or herein.

20. Certification of Independent Price Determination. The Independent Contractor certifies that the prices submitted in response to the solicitation have been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other competitor relating to those prices, the intention to submit a quote, bid, or proposal or the methods or factors used to calculate the its prices.**21.**

Representation Regarding Gratuities. The Independent Contractor represents that neither it nor any officer, employee, agent, subcontractor or other representative of the Independent Contractor has violated, or is violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Personal Service Contract Procurement Regulations.

22. Procurement Regulations. The Contract shall be governed by the applicable provisions of the Personal Service Contract Review Board Regulations, a copy of which is available for inspection at 210 East Capitol Street, Suite 800, Jackson, Mississippi 39201, or

downloadable at www.mspb.ms.gov.

23. **Severability.** If any term or provision of this Contract is prohibited by the laws of the State of Mississippi or declared invalid or void by a court of competent jurisdiction, the remainder of this Contract shall not be affected thereby and each term and provision of this Contract shall be valid and enforceable to the fullest extent permitted by law.

24. **Stop Work Order.**

A. Order to Stop Work. The _____, may, by written order to the Independent Contractor at any time, and without notice to any surety, require the Independent Contractor to stop all or any part of the work called for by this Contract. This order shall be for a specified period not exceeding 90 days after the order is delivered to the Independent Contractor, unless the parties agree to any further period. Any such order shall be identified specifically as a stop work order issued pursuant to this clause. Upon receipt of such an order, the Independent Contractor shall forthwith comply with its terms and take all steps to minimize the occurrence of costs allocable to the work covered by the order during the period of work stoppage. Before the stop work order expires, or within any further period to which the parties shall have agreed, the _____shall either:

(1) cancel the stop work order; or

(2) terminate the work covered by such order as provided in the "Termination for Cause" clause or the "Termination for Convenience" clause of this Contract.

B. Cancellation or Expiration of the Order. If a stop work order issued under this clause is canceled at any time during the period specified in the order, or if the period of the order or any extension thereof expires, the Independent Contractor shall have the right to resume work. An appropriate adjustment may be made in the delivery schedule or Independent Contractor's price, or both. If the stop work order results in an increase in the time required for, or in the Independent Contractor's cost properly allocable to, the performance of any part of this Contract and the Independent Contractor asserts a claim for such an adjustment within 30 days after the end of the period of work stoppage, an equitable adjustment in the Contract may be made by written modification of this Contract. If MDHS decides that the need justifies the requested adjustment, a modification will be made as provided by Section 11, Modification or Amendment, of this Contract.

C. Termination of Stopped Work. If a stop work order is not canceled and the work covered by such order is terminated for cause or convenience, the Independent Contractor may be paid the agreed upon price for any completed deliverable or service not previously tendered to MDHS, provided that MDHS accepts any such deliverable or service; or Independent Contractor may be paid an amount which bears the same ratio to the total

compensation as the services actually and satisfactorily performed bear to the total services of Independent Contractor covered by the Contract, less payments of compensation previously made.

D. Adjustment of Price. Any adjustment in Contract price made pursuant to this clause shall be determined in accordance with the Price Adjustment clause of this Contract.

25. Disputes. Any dispute concerning a question of fact under this Contract which is not disposed of by agreement shall be decided by the Director of the Division of _____. This decision shall be reduced to writing and a copy thereof mailed or furnished to the Independent Contractor and shall be final and conclusive, unless within thirty (30) days from the date of the decision, Independent Contractor mails or furnishes to the Executive Director of MDHS a written request for review. Pending final decision of the Executive Director of a dispute hereunder, the Independent Contractor shall proceed in accordance with the decision of the Director of the Division of _____.

In a review before the Executive Director or designee, the Independent Contractor shall be afforded an opportunity to be heard and to offer evidence in support of its position on the question and decision under review. The decision of the Executive Director on the review shall be final and conclusive unless determined by a court of competent jurisdiction in Hinds County, State of Mississippi, to have been fraudulent, capricious, so grossly erroneous as necessarily to imply bad faith, or is not supported by substantial evidence.

26. Compliance with Laws. The Independent Contractor understands that the State is an equal opportunity employer and therefore maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, genetic information, or any other consideration made unlawful by federal, State, or local laws. All such discrimination is unlawful and the Independent Contractor agrees during the term of the agreement that the Independent Contractor will strictly adhere to this policy in its employment practices and provision of services. The Independent Contractor shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, as now existing and as may be amended or modified.

27. Confidentiality. Independent Contractor shall treat all State data and information to which it has access under this Contract as confidential information to the extent that confidential treatment of same is required under federal and state law and shall not disclose same to a third party without specific written consent of the State. In the event that Independent Contractor receives notice that a third party requests divulgence of confidential or otherwise protected information and/or has served upon it a subpoena or other validly issued administrative or judicial process ordering divulgence of confidential or otherwise protected information, Independent Contractor shall promptly inform the State and thereafter respond in conformity

with such subpoena as required by applicable state and/or federal law, rules, and regulations. The provision herein shall survive termination of the Contract for any reason and shall continue in full force and effect and shall be binding upon the Independent Contractor and its agents, employees, successors, assigns, subcontractors, or any party claiming an interest in the Contract on behalf of, or under, the rights of the Independent Contractor following any termination.

28. **E-Verify.** Independent Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act, Mississippi Code Annotated 71-11-1 and 71-11-3, and will register and participate in the status verification system for all newly hired employees. The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Independent Contractor agrees to maintain records of such compliance and, upon request of the State, to provide a copy of each such verification to the State. Independent Contractor further represents and warrants that any person assigned to perform services hereunder meets the employment eligibility requirements of all immigration laws of the State of Mississippi. Independent Contractor understands and agrees that any breach of these warranties may subject Independent Contractor to the following: (a) termination of this Agreement and ineligibility for any state or public contract in Mississippi for up to three (3) years, with notice of such cancellation/termination being made public, or (b) the loss of any license permit, certification or other document granted to Independent Contractor by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year, or both. In the event of such termination/cancellation, Independent Contractor would also be liable for any additional costs incurred by the State due to contract cancellation or loss of "license or permit."

29. **Special Terms and Conditions.** It is agreed and understood by each party to this Contract that there are no special terms and conditions.

30. **Entire Agreement.** It is understood and agreed that this Contract and the documents listed below constitute the entire understanding of the parties with respect to the subject matter contained herein and supersede and replace any and all prior negotiations, understandings and agreements, written or oral, between the parties relating thereto. The entire agreement made by and between the parties hereto shall consist of, and precedence is hereby established by the order of, the following documents incorporated herein:

1. This Contract signed by the parties herein and any Exhibits attached hereto;

2. The Request for Proposals or Invitation for Bids and the Written Clarifications or Answers provided by MDHS, dated _____. (Note: if applicable.)

3.

The documents are complementary, and what is required by one shall be binding as if required by all. A higher document shall supersede a lower order document to the extent necessary to resolve any conflict or inconsistency arising under the various provisions thereof; provided, however, that in no event an issue is addressed in one of the above-mentioned documents but is not addressed in another of such documents, no conflict or inconsistency shall be deemed to occur by reason thereof. The documents listed above are shown in descending order or priority, that is, the highest document begins with the first listed document ("1. _____") and the lowest document is listed last (3. _____").

31. Transparency. This contract, including any accompanying exhibits, Exhibits, and appendices, is subject to the "Mississippi Public Records Act of 1983", codified as section 25-61-1 et seq., Mississippi Code Annotated and exceptions found in Section 79-23-1 of the Mississippi Code Annotated (1972, as amended). In addition, this contract is subject to the provisions of the Mississippi Accountability and Transparency Act of 2008 (MATA) codified as Section 31-7-13 of the Mississippi Code Annotated (1972, as amended). Unless exempted from disclosure due to a court-issued protective order, this contract is required to be posted to the Department of Finance and Administration's independent agency contract website for public access. Prior to posting the contract to the website, any information identified by the Independent Contractor as trade secrets, or other proprietary information including confidential vendor information, or any other information which is required confidential by state or federal law or outside the applicable freedom of information statutes will be redacted.

32. **Notice.** Any notice required or permitted to be given under this Contract shall be in writing and sent by United States Certified Mail, Returned Receipt Requested to the party to whom the notice should be given at the address set forth below:

MDHS: Richard A. Berry, Executive Director
Mississippi Department of Human Services
P.O. Box 352
Jackson, Mississippi 39205

INDEPENDENT CONTRACTOR'S NAME: Representative's Name
Title
Address

IN WITNESS WHEREOF, this Contract has been made and interchangeably executed by the parties hereto in duplicate originals.

Witness my signature this, the _____day of _____, 20____

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

BY: _____
Signature ***(NO STAMPED SIGNATURE)***

Printed Name and Title:_____

WITNESSES:

_____

_____

Witness my signature this, the ____ day of _____, 20____

INDEPENDENT CONTRACTOR'S NAME

BY: _____
Signature ***(NO STAMPED SIGNATURE)***

Printed Name and Title:_____

WITNESSES:

_____

_____

Exhibit L

STATE OF MISSISSIPPI
MINORITY VENDOR SELF CERTIFICATION FORM

Please complete the following information on this form and return immediately to the Mississippi Department of Finance and Administration, Attention: Vendor File Maintenance, P.O. Box 1060, Jackson, Mississippi 39215. Forms may also be faxed to (601) 359-5525.

Name of Business: _____

Address: _____ Post Office Box: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Tax I.D.: _____

SAAS Vendor #s (if known): _____

MINORITY STATUS

As used in this provision, means a business concern that (1) is at least 51% minority-owned by one or more individuals, or minority business enterprises that are both socially and economically disadvantaged and (2) have its management and daily business controlled by one or more such individuals as ascribed under the Minority Business Enterprise Act 57-69 and the Small Business Act 15 USCS, Section 637 (a). See back of form for more information. Should you require additional information regarding your Minority Status, or need assistance in completing this form please call the Mississippi Development Authority, Minority Business Enterprise Division at 601-359-3448.

___Applicable ____Not Applicable

IF MINORITY STATUS IS APPLICABLE, PLEASE CHECK APPROPRIATE CODE BELOW:

Minority Business Enterprise
____A (Asian Indian)
____B (Asian Pacific)
____C (Black American)
____D (Hispanic American
____E (Native American)

Women Business Enterprise
____M (Asian Indian)
____N (Asian Pacific)
____O (Black American)
____P (Hispanic American)
____Q (Native American)
____R (Other) Non Ethnic Women

The undersigned certifies under the penalties (administrative suspension and/or ineligibility for participation) set forth in the Minority Business Enterprise Act 57-69, and the Small Business Act 15 USCS, Section 637 (a), that the company classification and selected information above is true and correct. The undersigned will advise of any change in such classification at once.

Business: _____ Certified by: _____

Date: _____ Title: _____ Name Printed: _____

Issue Date March 31, 2002

Exhibit M

Mississippi
Form MDHS-SS-45538
Revised 01-01-2013

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Family and Children's Services

APPLICATION FOR A LICENSE

☐ INITIAL APPLICATION ☐ RENEWAL APPLICATION

Application is hereby made for a License to conduct or operate: ☐ Residential Child Caring Facility
☐ Child Placing Agency

Applicant _____
Name of Organization/Agency

_____
Name and title of Director/Administrator – Social Security Number

Mailing Address _____
Street or Box No. City State Zip

Location if different _____
Street Address City State Zip

Telephone No. _____

I/We certify that all information submitted for this application is true and correct to the best of my/our knowledge. I/We understand that any misrepresentation of information shall be grounds for denial of this application.

If granted a License, I/We agree to abide by the provisions therein as set forth by the Mississippi Department of Human Services.

Signed _____
Chairman of Board or Authorized Agent*

Title _____

Date _____ Address _____
Street

_____
City State Zip

Telephone No. _____

Social Security No. _____

*Attach statement verifying that Authorized Agent has authority to submit application.

Mississippi
Form DFCS 551
March 2013

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Division of Family and Children's Services

APPLICATION FOR LICENSE CHECKLIST

Name of Agency: _____ Date: _____

Child Placing Agency:	Residential:		Emergency Shelter:
Group Home:	Maternity Home:	Wilderness Program:	
Adoption:	Domestic:	International:	Foster Care:

The Application for a License:

An application for a license shall be made on forms provided by the Mississippi Department of Human Services, Division of Family and Children's Services (hereafter known as "the Department"). All inquiries should be made to the:

Attention: Licensure Unit
Mississippi State Department of Human Services
Division of Family and Children's Services
Post Office Box 352
Jackson, MS 39205-0352

The following minimum material shall accompany the first application for a license:

	1. A copy of the Articles of Incorporation and a copy of the Constitution and/or By-laws. Any agency or residential child care facility incorporated outside of the State of Mississippi shall secure authorization from the Secretary of State to do business in Mississippi.
	2. A completed application form and a letter from the applicant's Board of Directors authorizing the applicant to sign the application.
	3. For-profit agencies must provide information on corporate structure, ownership and proprietary interest.
	4. A copy of the zoning verification notice signed by the zoning administrator.
	5. A list of the names, addresses, occupations and term expiration of Board Members; and specify the officers of the Board of Directors.
	6. A statement of purpose which includes a description of the geographic area to be served, the types of children to be accepted for placement or care, the services to be provided and the program objectives.
	7. Verification of six (6) months capital revenue, which shall not include state funds.
	8. A copy of the current budget which shows both expected expenses and sources of income.
	9. A copy of policies regarding fees and charges for services:
	10. A copy of the staff organizational table including names of all employees currently holding those positions.

	11. A general description of each type of staff position proposed for the agency including qualification requirements.
	12. A copy of all policy, including but not limited to, the personnel policies and admission policies.
	13. A copy of the staff development and training plan that must comply with the Department's training requirements (See Section III. Personnel: Staff Development and In-Service Training of the Licensure Standards).
	14. Certification of occupancy requirements, elevator inspections, occupational safety and health administration codes and all other applicable safety codes.
	15. A copy of the plan for providing care and services.
	16. Copies of all forms used by the agency such as application and placement agreement.
	17. Certificate of compliance with the civil rights laws.
	18. Most recent audit and IRS Form 990. The audit must be completed, signed and dated by a Certified Public Accountant.
	19. A diagram of all structures of the facility showing square footage and designated use of each room and location(s) on campus/grounds of each structure, building codes, and evidence of compliance with applicable codes.
	20. A copy of the required fire, health and sanitation (any hazardous condition) inspections completed within the last three months.
	21. Current emergency policies and procedures for all natural or man-made disasters affecting the facility.
	22. A copy of current insurance policy coverage including, but not limited to, auto insurance for staff and volunteers who transport children, comprehensive general liability, and owner property insurance on the facility.

Notes/ Comments:

LOG OF LETTERS OF INTENT
LETTERS OF INTENT

REQUIRED LETTER OF INTENT LOG

MDHS/DIVISION OF FAMILY & CHILDREN'S SERVICES
RFP # 2015GRPHM001

Proposer Name	Date Received	Time Received	Method of Submission
Sunnybrook Children's Home	12/11/2015	9:16 am	Electronic Mail
Hope Village for Children	12/07/2015	2:15 pm	Electronic Mail
Berean Children's Home	12/10/2015	3:55 pm	Electronic Mail
Naomi Residential Facility, Inc.	12/17/2015	4:16 pm	Electronic Mail
Millcreek of Pontotoc	12/18/2015	11:56 am	Electronic Mail
Anointed Oasis Ministry for Children	12/18/2015	11:32 am	Electronic Mail
Pine Vale Children's Home	12/18/2015	10:44 am	Electronic Mail
Rays of Sunshine	12/21/2015	1:45 pm	Electronic Mail
Executive Leaders of Tomorrow	12/21/2015	10:57 am	Electronic Mail
Copiah County Children Group Home	12/21/2015	12:00 pm	Electronic Mail
Heaven Bounds Group Home	12/21/2015	11:09 am	Electronic Mail
Anointed Praise Ministry	12/21/2015	8:16 am	Electronic Mail
Jordan Rivers	12/21/2015	10:13 am	Electronic Mail
Alexander, Vincent, Alexandria LLC	12/15/2015	1:27 pm	Electronic Mail
Deliverance Group Home	12/21/2015	11:17 am	Electronic Mail

Sunnybrook
Children's Home, Inc.

Post Office Box 4871
Jackson, Mississippi 39296-4871
Office: (601) 856-65555 Fax: (601) 856-6520
E-mail: admin@sunnych.net
Website: www.sunnych.net

Campus Location
222 Sunnybrook Road
Ridgeland, Mississippi 39157

December 10, 2015

Mike Gallarno, Director

Division of Family and Children's Services

750 North State Street

Jackson, MS 39202

Dear Mr. Gallarno,

In keeping with Sunnybrook Children's Home's long tradition of meeting the needs of the most vulnerable children in the state of Mississippi, the Board of Director's endorses the efforts of the staff to respond to this Request for Proposal for Group Homes (2015GPRHM001). We encourage the staff to remain current in all licensing and contractual requirements to better serve the children's needs. Thank you for the opportunity to engage in this process.

Sincerely,

Billy W. Long M.D.

Billy W. Long, MD

President of Board of Directors

Sunnybrook Children's Home

From: Mike Gallarno/DFCS/MDHS
To: Kenneth Spansel <KSpansel@sunnych.net>
Cc: Rob Salley <rsalley@sunnych.net>, Brian Lewis/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS

Date: Friday, December 11, 2015 12:08PM
Subject: Fw: Sunnybrook CH letter of intent for RFP No. 2015GRPHM001

Thank you, Mr. Spansel. Your letter of intent has been received.

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

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-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/11/2015 12:06PM -----

To: "mike.gallarno@mdhs.ms.gov" <mike.gallarno@mdhs.ms.gov>
From: Kenneth Spansel <KSpansel@sunnych.net>
Date: 12/11/2015 09:16AM
Cc: Rob Salley <rsalley@sunnych.net>
Subject: Sunnybrook CH letter of intent for RFP No. 2015GRPHM001

(See attached file: Sunnybrook Children's Home Letter of Intent.pdf)
(See attached file: Exhibit B - Required Letter of Intent.pdf)

Mr. Gallarno,

This is Kenny Spansel from Sunnybrook Children's Home submitting our attached letter of intent (Exhibit B) and letter from the Board of Director's president, stating that Sunnybrook Children's Home will respond to RFP NO. 2015GRPHM001. If any further information is required at this time, please let us know. We look forward to receiving your acknowledgment of receipt of our letter of intent via email.

Kenny
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Attachments:

Sunnybrook Children's Home Letter of Intent.pdf Exhibit B - Required Letter of Intent.pdf

Hope Village for Children

December 7, 2015

Mike Gallarno, Director
Division of Family & Children's Services
Mississippi Department of Human Services
750 North State Street
Jackson, MS 39202

Dear Mr.Gallarno:

This letter confirms our intent to submit a proposal pursuant to RFP #2015GRPHM001. Hope Village for Children's service area includes the state of Mississippi. Also, in compliance with the requirements of the letter of intent, Hope Village for Children submits the following information:

Contact Person's Name:	Tina Aycock
Contact Person's Title:	Executive Director
Phone Number:	(601) 553-8660
Fax Number:	(601) 553-8669
Tax I.D. Number:	64-0927575
DUNS Number:	030435486
Physical Address:	2433 23rd Avenue, Meridian, MS 39301
Authorized Official's E-mail Address:	taycock@hopevillagems.org

Thank you for your consideration.

Sincerely,

Tina Aycock

Tina Aycock
Executive Director

From: Linda Burwell <LBurwell@hopevillagems.org>
To: "kenya.johnson@mdhs.ms.gov" <kenya.johnson@mdhs.ms.gov>

Date: Wednesday, December 16, 2015 12:29PM
Subject: FW: Hope Village for Children Letter of Intent

History: This message has been replied to.

Dear Ms. Johnson:

Please find attached our letter of intent to submit a proposal to RFP-#2015GRPHM001. Please let me know if you have any questions or need additional information.

Sincerely,

Linda Burwell

Office Manager

Hope Village for Children

P.O. Box 26 | Meridian, MS 39302

Phone: 601.553.8660

Fax: 601.553.8669

lburwell@hopevillagems.org

www.hopevillagems.org

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From: Linda Burwell
Sent: Monday, December 07, 2015 2:15 PM
To: 'mike.gallarno@mdhs.ms.gov'
Subject: Letter of Intent-Hope Village for Children

Dear Mr. Gallarno:

Please find attached Hope Village for Children's letter of intent to submit a proposal to RFP-#2015GRPHM001. Please let me know if you have any questions or need additional information.

Sincerely,

Linda Burwell

Office Manager

Hope Village for Children

P.O. Box 26 | Meridian, MS 39302

Phone: 601.553.8660

Fax: 601.553.8669

lburwell@hopevillagems.org

www.hopevillagems.org

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e-mail address and delete it and all copies from your system.
Attachments:

Letter of Intent.pdf

Berean Children's Home

A Family With
A Heart
Est. 1979

December 10, 2015

Mike Gallarno, Director
Division of Family & Children's Services
750 North State St
Jackson, MS 39202

Dear Mr. Gallarno:

The Berean Children's Home, Inc. submits this letter to confirm our intent to submit a proposal pursuant to RFP#: 2015GRPHM001 to the Mississippi Department of Human Services. Berean Children's Home, Inc. is located in Lincoln County in southwest MS and the intended service area includes the counties in southwest MS including Pike, Amite, Lawrence, Copiah, Franklin, Walthall, and Lincoln counties. Also in compliance with the requirements of the letter of intent, Berean Children's Home, Inc. submits the following information:

Contact person: Wendell Davis, Director
Phone#: 601-823-5776 or 601-757-8766 (cell)
Fax#: 601-823-5997
Tax I.D. #: 20-0269990
DUNS #: 019741043
Physical address: 1180 Berea Trail SE, Bogue Chitto, MS 39629
Email address: bereanchildrenshome@cableone.net

Thank you for your consideration,

Wendell Davis

Wendell Davis
Director

From: Mike Gallarno/DFCS/MDHS
To: Wendell Davis <bereanchildrenshome@cableone.net>
Cc: Brian Lewis/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS

Date: Friday, December 11, 2015 07:49AM
Subject: Fw: Berean Children's Home RFP letter of intent for RFP# 2015GRPHM001

Thank you, Mr. Davis. Your letter of intent has been received.

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

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-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/11/2015 07:47AM -----

To: <mike.gallarno@mdhs.ms.gov>
From: Wendell Davis <bereanchildrenshome@cableone.net>
Date: 12/10/2015 03:55PM
Subject: Berean Children's Home RFP letter of intent

(See attached file: rfpintentltr12-15.pdf)

Mr. Gallarno,

Attached please find the letter of intent to submit a proposal to RFP# 2015GRPHM001. Thank you.

Wendell Davis
Director

Berean Children's Home
1180 Berea Tr SE
Bogue Chitto, MS 39629
P:601-823-5776
F:601-823-5997
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Attachments:

rfpintentltr12-15.pdf

Berean Children's Home

A Family With
A Heart
Est. 1979

December 10, 2015

Mike Gallarno, Director
Division of Family & Children's Services
750 North State St
Jackson, MS 39202

Dear Mr. Gallarno:

The Berean Children's Home, Inc. submits this letter to confirm our intent to submit a proposal pursuant to RFP#: 2015GRPHM001 to the Mississippi Department of Human Services. Berean Children's Home, Inc. is located in Lincoln County in southwest MS and the intended service area includes the counties in southwest MS including Pike, Amite, Lawrence, Copiah, Franklin, Walthall, and Lincoln counties. Also in compliance with the requirements of the letter of intent, Berean Children's Home, Inc. submits the following information:

Contact person: Wendell Davis, Director
Phone#: 601-823-5776 or 601-757-8766 (cell)
Fax#: 601-823-5997
Tax I.D. #: 20-0269990
DUNS #: 019741043
Physical address: 1180 Berea Trail SE, Bogue Chitto, MS 39629
Email address: bereanchildrenshome@cableone.net

Thank you for your consideration,

Wendell Davis

Wendell Davis
Director

Exhibit B

REQUIRED LETTER OF INTENT

December 17, 2015

Mr. Mike Gallarno, Director
Division of Family & Children Services
750 North State Street
Jackson, MS 39202

Dear Mr. Gallarno,

This letter confirms our intent to submit a proposal pursuant to RFP # **2015GRPHM001**. **Naomi Residential Facility, Inc.** service area includes Bolivar, Carroll, Humphreys, Leflore, & Sunflower counties in central Mississippi. Also, in compliance with the requirements of the letter of intent, **Naomi Residential Facility, Inc.** submits the following information:

Contact Person's Name: Viola C. Wraggs

Contact Person's Title: Administrator

Phone Number: (662) 207-7724

Fax Number:

Tax I.D. Number: 46-4951097

DUNS Number: 080098067

Physical Address: 910 Ingrams Street, Moorhead, MS 38761

Authorized Official's Email Address: violawraggs@gmail.com

Thank you for your consideration.

Sincerely,

Viola Wraggs

Viola C. Wraggs
Authorized Official

From: Mike Gallarno/DFCS/MDHS
To: Viola Wraggs <violawraggs@gmail.com>
Cc: Brian Lewis/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS

Date: Friday, December 18, 2015 07:42AM
Subject: Fw: Re: Letter of Intent for RFP #2015GRPHM001: Fwd: Send data from toshiba456 12/17/2015 16:03

Thank you, Ms. Wraggs. Your letter of intent for RFP #2015GRPHM001 has been received.

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

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-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/18/2015 07:39AM -----

To: mike.gallarno@mdhs.ms.gov
From: Viola Wraggs <violawraggs@gmail.com>
Date: 12/17/2015 04:16PM
Subject: Fwd: Send data from toshiba456 12/17/2015 16:03

(See attached file: DOC121715-12172015160316.pdf)

---------- Forwarded message ----------
From: **SHCPI Toshiba Copier** <greenwoodscanner@copieremail.com>
Date: Thu, Dec 17, 2015 at 6:03 PM
Subject: Send data from toshiba456 12/17/2015 16:03
To: violawraggs@gmail.com

Scanned from toshiba456
Date:12/17/2015 16:03
Pages:1
Resolution:200x200 DPI

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Attachments:

DOC121715-12172015160316.pdf

MILLCREEK OF PONTOTOC
Psychiatric Residential Treatment Facility
1814 Hwy 15 North, P.O. Box 619
Pontotoc, Mississippi 38863
Phone: (662) 488-8878 ; 1-888-488-1023
Fax: (662) 488-8767

December 17, 2014

Mr. Mike Gallarno, Director
Division of Family and Children's Services
Mississippi Department of Human Services
750 North State Street
Jackson, MS 39202
601-359-4999
Mike.gallarno@mdhs.ms.gov

Dear Mr. Gallarno,

This letter confirms our intent to submit a proposal pursuant to RFP # 2015GRPHM001 for Group Home Services. Millcreek of Pontotoc's currently serves children from all over Mississippi in programs located in Greenville, Batesville, Starkville, Clarksdale and Pontotoc. In compliance with the requirements of the letter of intent, Millcreek of Pontotoc submits the following information:

Contact Person:	Ed Hood, CEO
Title:	Chief Executive Officer
Phone Number:	(662) 488-8878 ext. 223
Fax Number:	(662) 488-8767
Tax I.D. Number:	640-568382
DUNS Number:	840253566
Physical Address:	1814 Hwy 15 North P.O. Box 619 Pontotoc, MS 38863
Email:	ed.hood@millcreekcenters.com

Thank you for your consideration. If I can provide further information, please do not hesitate to contact me at (662) 488-8878.

Sincerely,

Ed Hood, CEO
Millcreek of Pontotoc

From: Mike Gallarno/DFCS/MDHS
To: Ed Hood <ed.hood@millcreekcenters.com>
Cc: Patti Cure <patti.cure@millcreekcenters.com>, Brian Lewis/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS

Date: Friday, December 18, 2015 01:13PM
Subject: Fw: letter of intent for RFP# 2015GRPHM001.

Thank you, Mr. Hood. The letter of intent for RFP# 2015GRPHM001 has been received.

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

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-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/18/2015 01:11PM -----

To: <MIke.Gallarno@mdhs.ms.gov>
From: Ed Hood <ed.hood@millcreekcenters.com>
Date: 12/18/2015 11:56AM
Cc: Patti Cure <patti.cure@millcreekcenters.com>
Subject: letter of intent for RFP# 2015GRPHM001.

(See attached file: 2936_001.pdf)

Mr. Gallarno,

I apologize for the mistake on the previous letter. Please accept this letter of intent for RFP# 2015GRPHM001 for Group Home Services.

Sincerely,

Ed Hood, CEO

Millcreek of Pontotoc

662-488-8878 office

662-509-2937 mobile

Ed.Hood@Millcreekcenters.com

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Attachments:

2936_001.pdf

Exhibit B

REQUIRED LETTER OF INTENT

Date: December 18, 2015

Mr./Ms./Dr. Mike Gallarno

Title Director

Address 750 North State Street

City, State, Zip Code Jackson, MS 39202

DFCS RECEIVED DEC 18 2015 DIRECTOR'S OFFICE

Dear Mr./Ms./Dr.: Gallarno

This letter confirms our intent to submit a proposal pursuant to RFP # 2015GRPHM001

Anointed Oasis Ministry for Children (Organization Name) service area includes Hollandale MS and surrounding communities. Also, in compliance with the requirements of the letter of intent, Anointed Oasis Ministry for Children (Organization Name) submits the following information:

Contact Person's Name: Ronyetta McGee

Contact Person's Title: Executive Director

Phone Number: (662) 347-7693

Fax Number: (601) 359-9070

Tax I.D. Number: 47-1839409

DUNS Number: 079917924

Physical Address: 3013 West Mark Drive, Hollandale, MS 38748

Authorized Official's Email Address: blesschild82@icloud.com

Thank you for your consideration.

Sincerely,

Ronyetta McGee jm

Authorized Official

From: Mike Gallarno/DFCS/MDHS
To: Ronyetta.McGee <blesschild82@icloud.com>
Cc: Brian Lewis/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS

Date: Friday, December 18, 2015 01:23PM
Subject: Fw: Message from "RNP002673A1C704": RFP#2015GRPHM001.Anointed Oasis Ministry for Children

---

Thank you, Ms. McGee. Your letter of intent for RFP#2015GRPHM001 has been received today via facsimile. A scanned copy is attached to this communication.

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

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-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/18/2015 01:18PM -----

To: mike.gallarno@mdhs.ms.gov, gloria.adams@mdhs.ms.gov
From: mpc5503@mdhs.ms.gov
Date: 12/18/2015 11:32AM
Subject: Message from "RNP002673A1C704"

(See attached file: 20151218113252423.pdf)

This E-mail was sent from "RNP002673A1C704" (MP C5503).

Scan Date: 12.18.2015 11:32:52 (-0600)
Queries to: mpc5503@mdhs.ms.gov

Attachments:

Letter of Intent RFP#2015GRPHM001.Anointed Oasis Ministry for Children.20151218113252423.pdf

Pine Vale Children's Home

662-286-6555 1872 County Rd. 700 * Corinth, MS 38834 Fax:662-287-0283

Date: 12/17/15

Mr. Mike Gallarno
Director, Division of Family & Children's Services
750 North State Street
Jackson, MS 39202

RE: Proposal for Group Home Services

Dear Mr. Gallarno

This letter confirms our intent to submit a proposal pursuant to RFP#2015GRPHM001. Pine Vale Children's Home's service area includes providing regular group home care to adolescents as detailed in the scope of work. Also, in compliance with the requirements of the letter of intent, Pine Vale Children's Home submits the following information:

Contact Person's Name: Tommy Baragona

Contact Person's Title: Director

Phone Number: 662-286-6555

Fax Number: 662-287-0283

Tax I.D. Number: 64-0519212

DUNS Number: 616465761

Physical Address: 1872 County Rd 700 / Corinth, MS / 38834

Authorized Official's Email Address: pinevalech@comcast.net

Thank you for your consideration.

Sincerely,

Tommy Baragona

Authorized Official

Pine Vale Children's Home

662-286-6555 1872 County Rd. 700 * Corinth, MS 38834 Fax:662-287-0283

Date: 12/17/15

Mr. Mike Gallarno
Director, Division of Family & Children's Services
750 North State Street
Jackson, MS 39202

RE: Proposal for Group Home Services

Dear Mr. Gallarno

This letter confirms our intent to submit a proposal pursuant to RFP#2015GRPHM001. Pine Vale Children's Home's service area includes providing regular group home care to adolescents as detailed in the scope of work. Also, in compliance with the requirements of the letter of intent, Pine Vale Children's Home submits the following information:

Contact Person's Name: Tommy Baragona

Contact Person's Title: Director

Phone Number: 662-286-6555

Fax Number: 662-287-0283

Tax I.D. Number: 64-0519212

DUNS Number: 616465761

Physical Address: 1872 County Rd 700 / Corinth, MS / 38834

Authorized Official's Email Address: pinevalech@comcast.net

Thank you for your consideration.

Sincerely,

Tommy Baragona

Authorized Official

From: Mike Gallarno/DFCS/MDHS
To: Pine Vale Children's Home <pinevalech@comcast.net>
Cc: Randy Collum <randy.collum@pinevalech.com>, "Baragona, Tommy" <tommybaragona@gmail.com>, Brian Lewis/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS

Date: Friday, December 18, 2015 02:09PM
Subject: Fw: Letter of Intent

Thank you, Mr. Collum and Mr. Baragona. Your letter of intent for RFP#2015GRPHM001 has been received.

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

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-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/18/2015 02:05PM -----

To: mike gallarno <mike.gallarno@mdhs.ms.gov>
From: Pine Vale Children's Home <pinevalech@comcast.net>
Date: 12/18/2015 10:44AM
Cc: Randy Collum <randy.collum@pinevalech.com>, "Baragona, Tommy" <tommybaragona@gmail.com>
Subject: Letter of Intent

(See attached file: letter of intent PVCH.pdf)

Letter of Intent for Pine Vale Children's Home is attached.

Angie Strickland
Office Manager

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Attachments:

letter of intent PVCH.pdf

Letter of Intent Pine Vale Children's Home.RFP# 2015GRPHM001.12.18.2015.pdf

To: Mississippi Department of Human Services

RE: **Group Home Services** Request for Proposal

Date: December 21, 2015

Attn: Mr. Mike Gallarno
Via email: mike.gallarno@mdhs.ms.gov

Dear Mr. Gallarno:

The purpose of this letter is to inform you of the intent to submit a proposal for GROUP HOME SERVICES. The submitting organization is Rays of Sunshine.

We would like to submit a proposal to provide Group Home Services for the State of Mississippi, Department of Human Services. The service location is in central Mississippi, specifically Jackson, the state capital.

Other information is listed below:

Proposer's Organizational Name:	Rays of Sunshine
Service Address:	628 W. Capitol St, Jackson, MS 39203
Tax ID:	47-538-1599
DUNS Number:	021535293

Contact Person:	Latrina Gray
Mailing Address:	P. O. Box 850, Jackson, MS 39205
Title:	Director of Programs
Phone Number:	601-919-6131
Fax Number:	601-878-9327
Email Address:	raysofsunshine.ms@gmail.com

Thank you for your time.

Sincerely,

Sheila Williams

From: Mike Gallarno/DFCS/MDHS
To: Sheila Williams <swilliams5210@yahoo.com>
Cc: Brian Lewis/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS

Date: Tuesday, December 22, 2015 07:57AM
Subject: Fw: RFP#201GRPHM001 Rays of Sunshne/Southwest Adult Day Care

---

Thank you Ms. Williams. Your communication has been received.

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

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-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/22/2015 07:56AM -----

To: "mike.gallarno@mdhs.ms.gov" <mike.gallarno@mdhs.ms.gov>
From: Sheila Williams <swilliams5210@yahoo.com>
Date: 12/21/2015 01:45PM
Subject: RFP#201GRPHM001 Rays of Sunshne/Southwest Adult Day Care

(See attached file: RFP Group Home Rays of Sunshine 2.docx)

Mr. Gallarno,
The purpose of this memo is to inform you that my associate, Ms. Latrina Gray, accidentally signed her name to the Letter of Intent. Ms. Gray forgot to include my name on the Letter of Intent. On December 14, 2015 I attended a Mandatory Pre-Proposal Conference at MDHS. We apologize for the mistake.

Should you have questions please call me at 601-919-6131.

Sincerely,

Sheila Williams Henderson
CONFIDENTIALITY NOTICE This e-mail and any files or attachments may contain confidential and privileged information. If you have received this message in error, please notify the sender at the above e-mail address and delete it and all copies from your system.

Attachments:

RFP Group Home Rays of Sunshine 2.docx

Exhibit B

REQUIRED LETTER OF INTENT

Date: 12/21/2015

Mr./Ms./Dr. Mike Gallarno

Title Director

Address 750 North State Street

City, State, Zip Code Jackson, MS 39202

Dear Mr./Ms./Dr.: Gallarno:

This letter confirms our intent to submit a proposal pursuant to RFP # 2015GRPHM001

Executive Leaders of Tomorrow (Organization Name) service area includes City of Jackson. Also, in compliance with the requirements of the letter of intent, Executive Leaders of Tomorrow (Organization Name) submits the following information:

Contact Person's Name: Dianne Gore

Contact Person's Title: CEO

Phone Number: 510-697-2569

Fax Number: N/A

Tax I.D. Number: 81-0861162

DUNS Number: 08-010-4769

Physical Address: 5000 Ridgewood Road, Box 248, Jackson, MS 39211

Authorized Official's Email Address: Audrlann07@yahoo.com

Thank you for your consideration.

Sincerely,

Dianne Gore/m

Authorized Official

From: Brian Lewis/DFCS/MDHS
To: audriann07@yahoo.com
Cc: Mike Gallarno/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS, Jerrika Brantley/DFCS/MDHS@MDHS

Date: Monday, December 21, 2015 03:16PM
Subject:

Thank you, Ms. Gore. Your letter of intent for RFP#2015GRPHM001 has been received via facsimile transmission at 10:57 a.m., on December 21, 2015.

Brian Lewis, Attorney
Bureau Director II - Administration
Division of Family and Children Services
Mississippi Department of Human Services State Office - Rm 269
(601)359-4495
(769)233-3542 (cell)
brian.lewis@mdhs.ms.gov

Child Abuse and Neglect Hotline 1-800-222-8000

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"Children are the living messages we send to a time we will not see." -John W. Whitehead-

Attachments:

Executive Leaders of Tomorrow LOI.pdf

From: Mike Gallarno/DFCS/MDHS
To: Twanna Byther <tbyther_sunshine@yahoo.com>
Cc: Brian Lewis/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS

Date: Tuesday, December 22, 2015 08:04AM
Subject: Fw: Letter of intent: RFP# 2015GRPHm001

Copiah County Children Group Home Services

Thank you, your communication has been received.

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

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-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/22/2015 08:03AM -----

To: mike.gallarno@mdhs.ms.gov
From: Twanna Byther <tbyther_sunshine@yahoo.com>
Date: 12/21/2015 12:03PM
Subject: Letter of intent

Date: 12/21/2015
Mr. Mike Gallarno
Title: Group Home Service
Address: 750 North State St.
City, State, Zip code Jackson Ms 39202

Dear Mr. Mike Gallarno,

This letter confirms our intent to submit a proposal pursuant to RFP# 2015GRPHm001 Copiah County Children Group Home service area includes Group Home Service. Also, in compliance with the requirements of the letter of intent Copiah County Children Group Home submits the following information:

Twanna Byther
Owner
601-500-0027
Tax id # 41-225-8593
Physical address 323 Jackson St
Hazlehurst MS 39083
Email address: tbyther_sunshine@yahoo.com

Thank you for your consideration.

Sincerely,

Twanna Byther

Sent from my iPhone

Sent from my iPhone
CONFIDENTIALITY NOTICE This e-mail and any files or attachments may contain confidential and privileged information. If you have received this message in error, please notify the sender at the above e-mail address and delete it and all copies from your system.

Exhibit B

REQUIRED LETTER OF INTENT

Date: 12/21/2015

Mr./Ms./Dr. Kristy Ramos

Title Executive Director | Founder

Address 144 Ashley Parks Rd

City, State, Zip Code Byram MS. 39272

Mike Gallaero

Dear Mr./Ms./Dr.: Division of Family + Children's Services

This letter confirms our intent to submit a proposal pursuant to RFP # 2015GRPHM001

Heaven Bounds Group Home (Organization Name) service area includes Byram MS. Also, in compliance with the requirements of the letter of intent, Heaven Bounds Group Home (Organization Name) submits the following information:

Contact Person's Name: Kristy Ramos

Contact Person's Title: Executive Director

Phone Number: 601-941-9708

Fax Number: 769-251-5752

Tax I.D. Number: _____

DUNS Number: _____

Physical Address: 144 Ashley Parks Rd Byram MS. 39272 (temporary)

Authorized Official's Email Address: Kristy.cadecourtyard@aol.com

Thank you for your consideration.

Sincerely,

Kristy Ramos / Heaven Bounds Therapeutice Group Home.
Executive Director

Authorized Official

12/21/2015

Linda G. Womack, E.D. Anointed Praise Ministry / Tanisha S. Womack, NCC, MS. Director
Anointed Praise Ministry: Hill View Children's Home
3458 Hwy 49 North
Mendenhall, MS 39114

Dear Mr. Mike Gallarno:

Anointed Praise Ministry and the governing body have agreed to incorporate group home care for children who may be in need of placement; the name of the umbrella cooperation under Anointed Praise Ministry is Hill View Children's Home. This letter confirms Anointed Praise Ministry's intent to submit a proposal pursuant to RFP#2015GRPHM001. Anointed Praise Ministry: Hill View Children's Home will provide dual child care: such as residential group home care along with daycare services.

The goal of APM: Hill View Children's Home is to provide residential services to help children and youth return to their families and or transition to a less restrictive setting. APM: Hill View Children's Home will also provide day care services to licensed Foster Parents with DFCS; so foster parents may be able to maintain their jobs and provide care for foster children.

Also, in compliance with the requirements of the letter of intent, Anointed Praise Ministry submits the following information: The contact person's name is Tanisha Womack, Director of APM: Hill View Children's Home. Linda Womack, 601-382-0874. The contact information is as follows: Phone number 601-665-2791. A fax number in not applicable at this moment; however, you can email me at tanishawomack@aol.com or Linda Womack at lgwomac99@gmail.com.

The tax identification number for Anointed Praise Ministry 1080254

DUNS Number for Anointed Praise Ministry 080100698

Physical Address: 3458 Hwy 49 North Mendenhall, MS 39114

Authorized Official's Email Address: tanishawomack@aol.com lgwomac99@gmail.com

Thank you for your consideration,

Linda G. Womack

Linda G. Womack, E.D. Anointed Praise Ministry

Tanisha S. Womack

Tanisha S. Womack, NCC, MS, Director
Anointed Praise Ministry: Hill View Children's Home

From: Mike Gallarno/DFCS/MDHS
To: tanishawomack@aol.com, lgwomack99@aol.com
Cc: Brian Lewis/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS

Date: Tuesday, December 22, 2015 08:27AM
Subject: Fw: Letter of Intent: RFP No. 2015GRPHM001

Thank you, Ms. Womack. Your communication has been received.

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

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-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/22/2015 08:24AM -----

To: mike.gallarno@mdhs.ms.gov
From: tanishawomack@aol.com
Date: 12/21/2015 08:16AM
Subject: Letter of Intent

(See attached file: Scan0047.pdf)

Dear Mr. Gallarno:

Attached is a copy of the Letter of Intent for RFP No. 2015GRPHM001. Please notify me when you receive this email.

Tanisha Womack
CONFIDENTIALITY NOTICE This e-mail and any files or attachments may contain confidential and privileged information. If you have received this message in error, please notify the sender at the above e-mail address and delete it and all copies from your system.

Attachments:

Scan0047.pdf

Exhibit B

REQUIRED LETTER OF INTENT

Date: 12-20-15

Mr./Ms./Dr. Gallarno (Director)

Title Group Home Services

Address 750 North State St.

City, State, Zip Code Jackson, MS 39202

Dear Mr./Ms./Dr.: Gallarno

This letter confirms our intent to submit a proposal pursuant to RFP # 2015GRPHM001

Jordan Rivers (Organization Name) service area includes Group Homes Also, in compliance with the requirements of the letter of intent, Jordan Rivers (Organization Name) submits the following information:

Contact Person's Name: Erica Jordan

Contact Person's Title: CEO

Phone Number: 601-341-0618

Fax Number: 866-593-7454

Tax I.D. Number: 61-1750382

DUNS Number: 079 976 377

Physical Address: 3069 Hwy. 51 NM

Authorized Official's Email Address: ejordan@jordanrivers.org

Thank you for your consideration.

Sincerely,

Erica Jordan

Erica Jordan

Authorized Official

CEO

From: "ANDRAARDEMIS ." <eaaajordan@gmail.com>
To: kenya.johnson@mdhs.ms.gov

Date: Wednesday, December 23, 2015 12:53AM
Subject: Jordan Rivers Letter of Intent

Thanks,
Erica Jordan
601-341-0618
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Attachments:

scan0005.pdf

Exhibit F

REQUIRED LETTER OF INTENT

Date 12/11/2015

Mr./Ms./Dr. Mike Gallarno

Title Director

Address 750 North State Street

City, State, Zip Code Jackson, MS 39202

Dear Mr./Ms./Dr.: Gallarno

This letter confirms our intent to submit a proposal pursuant to IFB No.2015 GRPHM001

Alexander, Vincent & Alexandria LLC (Organization Name) service area includes Jackson, MS (Hinds County). Also, in compliance with the requirements of the letter of intent, Alexander, Vincent & Alexandria LLC (Organization Name) submits the following information:

Contact Person's Name: Peggy Clayborne

Contact Person's Title: Executive Director

Phone Number: (769) 524-4191 or (662) 299-7236

Fax Number: (769) 524-4208

Tax I.D. Number: 86-1177692

DUNS Number: 078742351

Physical Address: 4795 McWillie Dr., Suite 105, Jackson, MS 39206

Authorized Official's Email Address: peggyclayborne@yahoo.com

Thank you for your consideration.

Sincerely,

Peggy Clayborne

Authorized Official

From: Mike Gallarno/DFCS/MDHS
To: Peggy Clayborne <peggyclayborne@yahoo.com>
Cc: Brian Lewis/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS

Date: Wednesday, December 16, 2015 07:40AM
Subject: Fw: Fw: Letter of Intent IFB No.2015GRPHM001

Thank you, Ms. Clayborne, your letter of intent for IFB No.2015GRPHM001 was received Tuesday Dec. 15,

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

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-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/16/2015 07:37AM -----

To: Mike Gallarno <mike.gallarno@mdhs.ms.gov>
From: Peggy Clayborne <peggyclayborne@yahoo.com>
Date: 12/15/2015 01:27PM
Subject: Fw: Letter of Intent

(See attached file: RFP#2015 GRPHM001.pdf)

On Friday, December 11, 2015 3:00 PM, Peggy Clayborne <peggyclayborne@yahoo.com> wrote:

December 11, 2015

Mr. Gallarno,

Attached is a 'Letter of Intent' for proposal to IFB No.2015GRPHM001. If additional information is needed, please call me at (662)299-7236.

Sincerely,
Peggy Clayborne
Executive Director

Paperless POST

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Attachments:

RFP#2015 GRPHM001.pdf

To: Mississippi Department of Human Services

RE: **Group Home Services** Request for Proposal

Date: December 21, 2015

Attn: Mr. Mike Gallarno
Via email: mike.gallarno@mdhs.ms.gov

Dear Mr. Gallarno:

The purpose of this letter is to inform you of the intent to submit a proposal for GROUP HOME SERVICES. The submitting organization is Rays of Sunshine.

We would like to submit a proposal to provide Group Home Services for the State of Mississippi, Department of Human Services. The service location is in central Mississippi, specifically Jackson, the state capital.

Other information is listed below:

Proposer's Organizational Name:	Rays of Sunshine
Service Address:	628 W. Capitol St, Jackson, MS 39203
Tax ID:	47-538-1599
DUNS Number:	021535293

Contact Person:	Latrina Gray
Mailing Address:	P. O. Box 850, Jackson, MS 39205
Title:	Director of Programs
Phone Number:	601-209-5506
Fax Number:	601-878-9327
Email Address:	raysofsunshine.ms@gmail.com

Thank you for your time.

Sincerely,

Latrina Gray

Latrina Gray

From: Mike Gallarno/DFCS/MDHS
To: Latrina Gray <raysofsunshine.ms@gmail.com>
Cc: Brian Lewis/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS

Date: Tuesday, December 22, 2015 08:13AM
Subject: Fw: Intent ltr RFP for group Home Services (2nd Submission)

Thank you, Ms. Gray. Your communication has been received.

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

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-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/22/2015 08:11AM -----

To: Mike Gallarno <mike.gallarno@mdhs.ms.gov>
From: Latrina Gray <raysofsunshine.ms@gmail.com>
Date: 12/21/2015 11:25AM
Subject: Intent ltr RFP for group Home Services (2nd Submission)

(See attached file: RFP Group Home Rays of Sunshine.docx)

Mr. Gallarno:

Please see attached RFP letter of intent. (2nd submission just to be safe)

Thank you,

Latrina Gray
601-209-5506
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Attachments:

RFP Group Home Rays of Sunshine.docx

From: Mike Gallarno/DFCS/MDHS
To: Shyekia Smith <shyekiasmith@hotmail.com>
Cc: Brian Lewis/DFCS/MDHS@MDHS, Kenya Johnson/DFCS/MDHS@MDHS

Date: Tuesday, December 22, 2015 08:14AM
Subject: Fw: RFP #2015GRPHM001

Thank you, Ms. Smith. Your communication has been received.

###

Mike Gallarno
Mississippi Department of Human Services
(601) 359-4999
mike.gallarno@mdhs.ms.gov

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-----Forwarded by Mike Gallarno/DFCS/MDHS on 12/22/2015 08:13AM -----

To: "mike.gallarno@mdhs.ms.gov" <mike.gallarno@mdhs.ms.gov>
From: Shyekia Smith <shyekiasmith@hotmail.com>
Date: 12/21/2015 11:17AM
Subject: RFP #2015GRPHM001

12/21/15
Mrs. Shyekia Smith
Executive Director
5815 A Tangipahoa
Summit MS 39666

Dear Mr. Gallarno,

This letter confirms our intent to submit a proposal pursuant to RFP # 2015GRPM001. Deliverance Group Homes service area includes Walthall, Pike, & Amite. Also, in compliance with the requirements of the letter of intent, Deliverance Group Home submits the following information:

Contact's Name: Shyekia Smith
Contact's Number :(601) 303-7151
Contact's Title: Executive Director
Tax I.D. Number :47-4672702
DUNS Number: 079957685
Address: 5815 A Tangipahoa
Summit MS 39666
Email: shyekiasmith@hotmail.com

Thank you for your consideration.
Sincerely,

Shyekia Smith

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AWARD / DENIAL LETTERS

DEBRIEFING REQUEST INFORMATION

STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Ms. Zowee Jamison
Chief Executive Director
Emily's Home, Inc
165 Labauve Street
Hernando, Mississippi 38632

Dear Ms. Jamison:

Thank you for your recent response to RFP #2015GRPHM001. Your proposal has met the minimum requirements to proceed to the next phase. Your agency may not be considered for funding if Mississippi Department of Human Services (MDHS), Division of Program Integrity has determined that there are questioned costs, audit, monetary and/or unresolved findings. **This letter serves only as notification.** Services may not begin until the contract has been approved by MDHS' Executive Director. Any expenses incurred prior to the signed contract will not be reimbursed by MDHS.

Additionally, in accordance with the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015:

> **Section 7-112.01 Debriefing Request**
>
> *A vendor, successful or unsuccessful, may request a post-award vendor debriefing, in writing, by U.S. mail or electronic submission, to be received by the agency within three (3) business days of notification of the contract award. A vendor debriefing is a meeting and not a hearing; therefore, legal representation is not required. If a vendor prefers to have legal representation present, the vendor must notify the agency and identify its attorney. The agency shall be allowed to schedule and/or suspend and reschedule the meeting at a time when a representative of the Office of the Mississippi Attorney General can be present.*

In order to request a debriefing, please utilize the attached debriefing request letter template. If the template does not apply, please proceed with a public records request to Mr. Daren Vandevender at daren.vandevender@mdhs.ms.gov.

P. O. Box 352 · 750 N. State Street · Jackson, Mississippi 39205
Phone (601) 359-4500 · Email: DFCS.EDO@mdhs.ms.gov

A debriefing shall be requested to obtain information about proposal performance against solicitation specifications and evaluation criteria. **A debriefing is not a debate or defense of the Agency's award decision or evaluation results.**

You will be contacted by appropriate personnel regarding the next phase. If you have questions, please contact Mike Gallarno, Director, Division of Family & Children's Services at (601) 359-4999.

Sincerely,

David A. Chandler / GG

Dr. David A. Chandler
Executive Director

DAC:MG:BL:jb

Attachment

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

Dear [Mr./Mrs./Dr.] [Procurement Officer/Contract Representative Name]:

Following award of the contract related to [RFP No.], we hereby respectfully request that you provide us with a debriefing in accordance with Section 7-112, *Post-Award Vendor Debriefing* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

This post award debriefing is requested within the requisite three (3) business days following the award notice dated from (...) in accordance with Section 7-112.01 *Debriefing Request* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

Our intended purpose of requesting a debriefing meeting is to improve for future solicitations by gathering information about our proposal performance against solicitation specifications and evaluation criteria. We have attached questions we would like you to answer. Furthermore, please schedule a debriefing date, but conducted within five (5) business days of receipt of this letter, at your convenience in accordance with Section 7-112.02, *When Debriefing Should Be Conducted* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

Attachments

7-112.03 Information To Be Provided

At a minimum, the debriefing information shall include the following:

(1) The agency's evaluation of significant weaknesses or deficiencies in the vendor's bid or proposal, if applicable;

(2) The overall evaluated cost or price, and technical rating, if applicable, of the successful vendor(s) and the debriefed vendor;

(3) The overall ranking of all vendors, when any ranking was developed by the agency during the selection process;

(4) A summary of the rationale for award; and,

(5) Reasonable responses to relevant questions about selection procedures contained in the solicitation, applicable regulations, and other applicable authorities that were followed.

7-112.04 Information Not To Be Provided

The debriefing shall not include point-by-point comparisons of the debriefed vendor's bid or proposal with those of other offering vendors. Moreover, the debriefing agency shall not reveal any information prohibited by law and/or the following:

(1) Trade secrets as identified by the offering vendor claiming the trade secrets;

(2) Privileged or confidential manufacturing processes and techniques as identified by the offering vendor claiming the privileged or confidential information;

(3) Commercial and financial information that is privileged or confidential, to include an offering vendor's cost, breakdowns, profit, indirect cost rates, and similar information as identified by the offering vendor claiming the privileged or confidential information; and/or,

(4) The names of individuals providing reference informati

STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Ms. Dianne Gore
Chief Executive Officer
Executive Leaders of Tomorrow
5000 Ridgeway Road Box 248
Jackson, Mississippi 39211

Dear Ms. Gore:

Thank you for your recent response to RFP #2015GRPHM001. Your proposal has met the minimum requirements to proceed to the next phase. Your agency may not be considered for funding if Mississippi Department of Human Services (MDHS), Division of Program Integrity has determined that there are questioned costs, audit, monetary and/or unresolved findings. **This letter serves only as notification.** Services may not begin until the contract has been approved by MDHS' Executive Director. Any expenses incurred prior to the signed contract will not be reimbursed by MDHS.

Additionally, in accordance with the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015:

Section 7-112.01 Debriefing Request

A vendor, successful or unsuccessful, may request a post-award vendor debriefing, in writing, by U.S. mail or electronic submission, to be received by the agency within three (3) business days of notification of the contract award. A vendor debriefing is a meeting and not a hearing; therefore, legal representation is not required. If a vendor prefers to have legal representation present, the vendor must notify the agency and identify its attorney. The agency shall be allowed to schedule and/or suspend and reschedule the meeting at a time when a representative of the Office of the Mississippi Attorney General can be present.

In order to request a debriefing, please utilize the attached debriefing request letter template. If the template does not apply, please proceed with a public records request to Mr. Daren Vandevender at daren.vandevender@mdhs.ms.gov.

P. O. Box 352 · 750 N. State Street · Jackson, Mississippi 39205
Phone (601) 359-4500 · Email: DFCS.EDO@mdhs.ms.gov

A debriefing shall be requested to obtain information about proposal performance against solicitation specifications and evaluation criteria. **A debriefing is not a debate or defense of the Agency's award decision or evaluation results.**

You will be contacted by appropriate personnel regarding the next phase. If you have questions, please contact Mike Gallarno, Director, Division of Family & Children's Services at (601) 359-4999.

Sincerely,

David A. Chandler /GG

Dr. David A. Chandler
Executive Director

DAC:MG:BL:jb

Attachment

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

Dear [Mr./Mrs./Dr.] [Procurement Officer/Contract Representative Name]:

Following award of the contract related to [RFP No.], we hereby respectfully request that you provide us with a debriefing in accordance with Section 7-112, *Post-Award Vendor Debriefing* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

This post award debriefing is requested within the requisite three (3) business days following the award notice dated from (...) in accordance with Section 7-112.01 *Debriefing Request* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

Our intended purpose of requesting a debriefing meeting is to improve for future solicitations by gathering information about our proposal performance against solicitation specifications and evaluation criteria. We have attached questions we would like you to answer. Furthermore, please schedule a debriefing date, but conducted within five (5) business days of receipt of this letter, at your convenience in accordance with Section 7-112.02, *When Debriefing Should Be Conducted* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

Attachments

7-112.03 Information To Be Provided

At a minimum, the debriefing information shall include the following:

(1) The agency's evaluation of significant weaknesses or deficiencies in the vendor's bid or proposal, if applicable;

(2) The overall evaluated cost or price, and technical rating, if applicable, of the successful vendor(s) and the debriefed vendor;

(3) The overall ranking of all vendors, when any ranking was developed by the agency during the selection process;

(4) A summary of the rationale for award; and,

(5) Reasonable responses to relevant questions about selection procedures contained in the solicitation, applicable regulations, and other applicable authorities that were followed.

7-112.04 Information Not To Be Provided

The debriefing shall not include point-by-point comparisons of the debriefed vendor's bid or proposal with those of other offering vendors. Moreover, the debriefing agency shall not reveal any information prohibited by law and/or the following:

(1) Trade secrets as identified by the offering vendor claiming the trade secrets;

(2) Privileged or confidential manufacturing processes and techniques as identified by the offering vendor claiming the privileged or confidential information;

(3) Commercial and financial information that is privileged or confidential, to include an offering vendor's cost, breakdowns, profit, indirect cost rates, and similar information as identified by the offering vendor claiming the privileged or confidential information; and/or,

(4) The names of individuals providing reference informati

STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Mr. Wendell Davis
Executive Director
Berean Children's Home, Inc.
1180 Berea Trail SE
Bogue Chitto, Mississippi 39629

Dear Mr. Davis:

Thank you for your recent response to RFP #2015GRPHM001. Your proposal has met the minimum requirements to proceed to the next phase. Your agency may not be considered for funding if Mississippi Department of Human Services (MDHS), Division of Program Integrity has determined that there are questioned costs, audit, monetary and/or unresolved findings. **This letter serves only as notification.** Services may not begin until the contract has been approved by MDHS' Executive Director. Any expenses incurred prior to the signed contract will not be reimbursed by MDHS.

Additionally, in accordance with the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015:

Section 7-112.01 Debriefing Request

A vendor, successful or unsuccessful, may request a post-award vendor debriefing, in writing, by U.S. mail or electronic submission, to be received by the agency within three (3) business days of notification of the contract award. A vendor debriefing is a meeting and not a hearing; therefore, legal representation is not required. If a vendor prefers to have legal representation present, the vendor must notify the agency and identify its attorney. The agency shall be allowed to schedule and/or suspend and reschedule the meeting at a time when a representative of the Office of the Mississippi Attorney General can be present.

In order to request a debriefing, please utilize the attached debriefing request letter template. If the template does not apply, please proceed with a public records request to Mr. Daren Vandevender at daren.vandevender@mdhs.ms.gov.

P. O. Box 352 · 750 N. State Street · Jackson, Mississippi 39205
Phone (601) 359-4500 · Email: DFCS.EDO@mdhs.ms.gov

A debriefing shall be requested to obtain information about proposal performance against solicitation specifications and evaluation criteria. **A debriefing is not a debate or defense of the Agency's award decision or evaluation results.**

You will be contacted by appropriate personnel regarding the next phase. If you have questions, please contact Mike Gallarno, Director, Division of Family & Children's Services at (601) 359-4999.

Sincerely,

David A. Chandler / GG

Dr. David A. Chandler
Executive Director

DAC:MG:BL:jb

Attachment

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

Dear [Mr./Mrs./Dr.] [Procurement Officer/Contract Representative Name]:

Following award of the contract related to [RFP No.], we hereby respectfully request that you provide us with a debriefing in accordance with Section 7-112, *Post-Award Vendor Debriefing* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

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Our intended purpose of requesting a debriefing meeting is to improve for future solicitations by gathering information about our proposal performance against solicitation specifications and evaluation criteria. We have attached questions we would like you to answer. Furthermore, please schedule a debriefing date, but conducted within five (5) business days of receipt of this letter, at your convenience in accordance with Section 7-112.02, *When Debriefing Should Be Conducted* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

Attachments

7-112.03 Information To Be Provided

At a minimum, the debriefing information shall include the following:

(1) The agency's evaluation of significant weaknesses or deficiencies in the vendor's bid or proposal, if applicable;

(2) The overall evaluated cost or price, and technical rating, if applicable, of the successful vendor(s) and the debriefed vendor;

(3) The overall ranking of all vendors, when any ranking was developed by the agency during the selection process;

(4) A summary of the rationale for award; and,

(5) Reasonable responses to relevant questions about selection procedures contained in the solicitation, applicable regulations, and other applicable authorities that were followed.

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The debriefing shall not include point-by-point comparisons of the debriefed vendor's bid or proposal with those of other offering vendors. Moreover, the debriefing agency shall not reveal any information prohibited by law and/or the following:

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STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Mr. Ed Hood
Chief Executive Officer
Millcreek of Pontotoc
P.O. Box 619
Pontotoc, Mississippi 38863

Dear Mr. Hood:

Thank you for your recent response to RFP #2015GRPHM001. Your proposal has met the minimum requirements to proceed to the next phase. Your agency may not be considered for funding if Mississippi Department of Human Services (MDHS), Division of Program Integrity has determined that there are questioned costs, audit, monetary and/or unresolved findings. **This letter serves only as notification**. Services may not begin until the contract has been approved by MDHS' Executive Director. Any expenses incurred prior to the signed contract will not be reimbursed by MDHS.

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You will be contacted by appropriate personnel regarding the next phase. If you have questions, please contact Mike Gallarno, Director, Division of Family & Children's Services at (601) 359-4999.

Sincerely,

David A. Chandler | GG

Dr. David A. Chandler
Executive Director

DAC:MG:BL:jb

Attachment

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

Dear [Mr./Mrs./Dr.] [Procurement Officer/Contract Representative Name]:

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Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

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STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Ms. Sheila Williams
Director
Rays of Sunshine, LLC
P.O Box 720664
Byram, Mississippi 39272

Dear Ms. Williams:

Thank you for your recent response to RFP #2015GRPHM001. Your proposal has met the minimum requirements to proceed to the next phase. Your agency may not be considered for funding if Mississippi Department of Human Services (MDHS), Division of Program Integrity has determined that there are questioned costs, audit, monetary and/or unresolved findings. **This letter serves only as notification.** Services may not begin until the contract has been approved by MDHS' Executive Director. Any expenses incurred prior to the signed contract will not be reimbursed by MDHS.

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You will be contacted by appropriate personnel regarding the next phase. If you have questions, please contact Mike Gallarno, Director, Division of Family & Children's Services at (601) 359-4999.

Sincerely,

David A. Chandler | GG

Dr. David A. Chandler
Executive Director

DAC:MG:BL:jb

Attachment

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

Dear [Mr./Mrs./Dr.] [Procurement Officer/Contract Representative Name]:

Following award of the contract related to [RFP No.], we hereby respectfully request that you provide us with a debriefing in accordance with Section 7-112, *Post-Award Vendor Debriefing* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

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Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

Attachments

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At a minimum, the debriefing information shall include the following:

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STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Ms. Viola C. Wraggs
Administrator
Naomi Residential Facility, Inc.
P.O. Box 909
Moorhead, Mississippi 38761

Dear Ms. Wraggs:

Thank you for your recent response to RFP #2015GRPHM001. Your proposal has met the minimum requirements to proceed to the next phase. Your agency may not be considered for funding if Mississippi Department of Human Services (MDHS), Division of Program Integrity has determined that there are questioned costs, audit, monetary and/or unresolved findings. **This letter serves only as notification.** Services may not begin until the contract has been approved by MDHS' Executive Director. Any expenses incurred prior to the signed contract will not be reimbursed by MDHS.

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You will be contacted by appropriate personnel regarding the next phase. If you have questions, please contact Mike Gallarno, Director, Division of Family & Children's Services at (601) 359-4999.

Sincerely,

David A. Chandler / GG

Dr. David A. Chandler
Executive Director

DAC:MG:BL:jb

Attachment

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

Dear [Mr./Mrs./Dr.] [Procurement Officer/Contract Representative Name]:

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Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

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STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Ms. Ronyetta McGee
Chief Executive Officer
Anointed Oasis Ministry for Children
3013 West Mark Drive
Hollandale, Mississippi 38748

Dear Ms. McGee:

Thank you for your recent response to RFP #2015GRPHM001. Your proposal has met the minimum requirements to proceed to the next phase. Your agency may not be considered for funding if Mississippi Department of Human Services (MDHS), Division of Program Integrity has determined that there are questioned costs, audit, monetary and/or unresolved findings. **This letter serves only as notification.** Services may not begin until the contract has been approved by MDHS' Executive Director. Any expenses incurred prior to the signed contract will not be reimbursed by MDHS.

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Sincerely,

David A. Chandler | GG

Dr. David A. Chandler
Executive Director

DAC:MG:BL:jb

Attachment

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

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Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

Attachments

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STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Mr. Randall Collum
Campus Manager
Pine Vale Children's Home
1872 Cty. Road 700
Corinth, Mississippi 38834

Dear Mr. Collum:

Thank you for your recent response to RFP #2015GRPHM001. Your proposal has met the minimum requirements to proceed to the next phase. Your agency may not be considered for funding if Mississippi Department of Human Services (MDHS), Division of Program Integrity has determined that there are questioned costs, audit, monetary and/or unresolved findings. **This letter serves only as notification.** Services may not begin until the contract has been approved by MDHS' Executive Director. Any expenses incurred prior to the signed contract will not be reimbursed by MDHS.

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Sincerely,

David A. Chandler / GG

Dr. David A. Chandler
Executive Director

DAC:MG:BL:jb

Attachment

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

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Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

Attachments

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STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Mr. Rob Salley
Executive Director
Sunnybrook Children's Home
P.O. Box 4871
Jackson, Mississippi 39296

Dear Mr. Salley:
Thank you for your recent response to RFP #2015GRPHM001. Your proposal has met the minimum requirements to proceed to the next phase. Your agency may not be considered for funding if Mississippi Department of Human Services (MDHS), Division of Program Integrity has determined that there are questioned costs, audit, monetary and/or unresolved findings. **This letter serves only as notification.** Services may not begin until the contract has been approved by MDHS' Executive Director. Any expenses incurred prior to the signed contract will not be reimbursed by MDHS.

Additionally, in accordance with the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015:

Section 7-112.01 Debriefing Request

A vendor, successful or unsuccessful, may request a post-award vendor debriefing, in writing, by U.S. mail or electronic submission, to be received by the agency within three (3) business days of notification of the contract award. A vendor debriefing is a meeting and not a hearing; therefore, legal representation is not required. If a vendor prefers to have legal representation present, the vendor must notify the agency and identify its attorney. The agency shall be allowed to schedule and/or suspend and reschedule the meeting at a time when a representative of the Office of the Mississippi Attorney General can be present.

In order to request a debriefing, please utilize the attached debriefing request letter template. If the template does not apply, please proceed with a public records request to Mr. Daren Vandevender at daren.vandevender@mdhs.ms.gov.

P. O. Box 352 · 750 N. State Street · Jackson, Mississippi 39205
Phone (601) 359-4500 · Email: DFCS.EDO@mdhs.ms.gov

A debriefing shall be requested to obtain information about proposal performance against solicitation specifications and evaluation criteria. **A debriefing is not a debate or defense of the Agency's award decision or evaluation results.**

You will be contacted by appropriate personnel regarding the next phase. If you have questions, please contact Mike Gallarno, Director, Division of Family & Children's Services at (601) 359-4999.

Sincerely,

David A. Chandler | GG

Dr. David A. Chandler
Executive Director

DAC:MG:BL:jb

Attachment

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

Dear [Mr./Mrs./Dr.] [Procurement Officer/Contract Representative Name]:

Following award of the contract related to [RFP No.], we hereby respectfully request that you provide us with a debriefing in accordance with Section 7-112, *Post-Award Vendor Debriefing* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

This post award debriefing is requested within the requisite three (3) business days following the award notice dated from (...) in accordance with Section 7-112.01 *Debriefing Request* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

Our intended purpose of requesting a debriefing meeting is to improve for future solicitations by gathering information about our proposal performance against solicitation specifications and evaluation criteria. We have attached questions we would like you to answer. Furthermore, please schedule a debriefing date, but conducted within five (5) business days of receipt of this letter, at your convenience in accordance with Section 7-112.02, *When Debriefing Should Be Conducted* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

Attachments

7-112.03 Information To Be Provided

At a minimum, the debriefing information shall include the following:

(1) The agency's evaluation of significant weaknesses or deficiencies in the vendor's bid or proposal, if applicable;

(2) The overall evaluated cost or price, and technical rating, if applicable, of the successful vendor(s) and the debriefed vendor;

(3) The overall ranking of all vendors, when any ranking was developed by the agency during the selection process;

(4) A summary of the rationale for award; and,

(5) Reasonable responses to relevant questions about selection procedures contained in the solicitation, applicable regulations, and other applicable authorities that were followed.

7-112.04 Information Not To Be Provided

The debriefing shall not include point-by-point comparisons of the debriefed vendor's bid or proposal with those of other offering vendors. Moreover, the debriefing agency shall not reveal any information prohibited by law and/or the following:

(1) Trade secrets as identified by the offering vendor claiming the trade secrets;

(2) Privileged or confidential manufacturing processes and techniques as identified by the offering vendor claiming the privileged or confidential information;

(3) Commercial and financial information that is privileged or confidential, to include an offering vendor's cost, breakdowns, profit, indirect cost rates, and similar information as identified by the offering vendor claiming the privileged or confidential information; and/or,

(4) The names of individuals providing reference informati

STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Ms. Kristy Ramos
Executive Director
Heaven Bound Therapeutic Group Home
144 Ashley Parks Road
Byram, Mississippi 39272

Dear Ms. Ramos:

Thank you for your recent response to RFP #2015GRPHM001. Your proposal has met the minimum requirements to proceed to the next phase. Your agency may not be considered for funding if Mississippi Department of Human Services (MDHS), Division of Program Integrity has determined that there are questioned costs, audit, monetary and/or unresolved findings. **This letter serves only as notification**. Services may not begin until the contract has been approved by MDHS' Executive Director. Any expenses incurred prior to the signed contract will not be reimbursed by MDHS.

Additionally, in accordance with the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015:

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Phone (601) 359-4500 · Email: DFCS.EDO@mdhs.ms.gov

A debriefing shall be requested to obtain information about proposal performance against solicitation specifications and evaluation criteria. **A debriefing is not a debate or defense of the Agency's award decision or evaluation results.**

You will be contacted by appropriate personnel regarding the next phase. If you have questions, please contact Mike Gallarno, Director, Division of Family & Children's Services at (601) 359-4999.

Sincerely,

David A. Chandler /GC

Dr. David A. Chandler
Executive Director

DAC:MG:BL:jb

Attachment

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

Dear [Mr./Mrs./Dr.] [Procurement Officer/Contract Representative Name]:

Following award of the contract related to [RFP No.], we hereby respectfully request that you provide us with a debriefing in accordance with Section 7-112, *Post-Award Vendor Debriefing* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

This post award debriefing is requested within the requisite three (3) business days following the award notice dated from (...) in accordance with Section 7-112.01 *Debriefing Request* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

Our intended purpose of requesting a debriefing meeting is to improve for future solicitations by gathering information about our proposal performance against solicitation specifications and evaluation criteria. We have attached questions we would like you to answer. Furthermore, please schedule a debriefing date, but conducted within five (5) business days of receipt of this letter, at your convenience in accordance with Section 7-112.02, *When Debriefing Should Be Conducted* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

Attachments

7-112.03 Information To Be Provided

At a minimum, the debriefing information shall include the following:

(1) The agency's evaluation of significant weaknesses or deficiencies in the vendor's bid or proposal, if applicable;

(2) The overall evaluated cost or price, and technical rating, if applicable, of the successful vendor(s) and the debriefed vendor;

(3) The overall ranking of all vendors, when any ranking was developed by the agency during the selection process;

(4) A summary of the rationale for award; and,

(5) Reasonable responses to relevant questions about selection procedures contained in the solicitation, applicable regulations, and other applicable authorities that were followed.

7-112.04 Information Not To Be Provided

The debriefing shall not include point-by-point comparisons of the debriefed vendor's bid or proposal with those of other offering vendors. Moreover, the debriefing agency shall not reveal any information prohibited by law and/or the following:

(1) Trade secrets as identified by the offering vendor claiming the trade secrets;

(2) Privileged or confidential manufacturing processes and techniques as identified by the offering vendor claiming the privileged or confidential information;

(3) Commercial and financial information that is privileged or confidential, to include an offering vendor's cost, breakdowns, profit, indirect cost rates, and similar information as identified by the offering vendor claiming the privileged or confidential information; and/or,

(4) The names of individuals providing reference informati

STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Ms. Twanna Byther
Chief Executive Officer
Copiah County Children's Group Home
323 Jackson Street
Hazlehurst, Mississippi 39083

Dear Ms. Byther:

Thank you for your recent response to RFP #2015GRPHM001 issued by the Mississippi Department of Human Services, Division of Family & Children's Services. Your proposal has been rejected pursuant to Section 3-301.05.3 (Reasons for Rejection) in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015, which states: "The business that submitted the proposal is non-responsible as determined under Section 3-401 (Responsibility of Bidders and Offerors):

Section 3-401: RESPONSIBILITY OF BIDDERS AND OFFERORS

(a) Determination of Non-responsibility*: The unreasonable failure of a bidder or offeror to promptly supply information in connection with an inquiry with respect to responsibility may be grounds for determination of non-responsibility with respect to such bidder or offeror.*

3-401.03 Standards of Responsibility

3-401.03.1 Standards

Factors to be considered in determining whether the standard of responsibility has been met include whether a prospective contractor has:
(a) available the appropriate financial, material, equipment, facility, and personnel resources and expertise, or the ability to obtain them, necessary to indicate its capability to meet all contractual requirements;
(b) a satisfactory record of performance;

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Phone (601) 359-4500 · Email: DFCS.EDO@mdhs.ms.gov

(c) a satisfactory record of integrity;
(d) qualified legally to contract with the State; and,
(e) supplied all necessary information in connection with the inquiry concerning responsibility."

In accordance with the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015:

Section 7-112.01 Debriefing Request

A vendor, successful or unsuccessful, may request a post-award vendor debriefing, in writing, by U.S. mail or electronic submission, to be received by the agency within three (3) business days of notification of the contract award. A vendor debriefing is a meeting and not a hearing; therefore, legal representation is not required. If a vendor prefers to have legal representation present, the vendor must notify the agency and identify its attorney. The agency shall be allowed to schedule and/or suspend and reschedule the meeting at a time when a representative of the Office of the Mississippi Attorney General can be present.

A debriefing shall be requested to obtain information about proposal performance against solicitation specifications and evaluation criteria. In order to request a hearing, please refer to the attached debriefing request letter. The debriefing may be requested if either or all of the following elements have occurred: (1) conflict of interest occurred during the procurement, (2) MDHS failed to follow its own policies and procedures; or (3) fraud was involved. You must include in your letter allegations to support any theory. **A debriefing is not a debate or defense of the Agency's award decision or evaluation results.**

The Mississippi Department of Human Services, Division of Family & Children's Services appreciates your interest in providing quality services. Furthermore, MDHS, Division of Family & Children's Services encourages your agency to respond to future acquisitions.

Sincerely,

David A. Chandler /GG

Dr. David A. Chandler
Executive Director

DAC:MG:BL:kj

Attachments: Debriefing Request Letter
Information to Be Provided Not to Be Provided

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

Dear [Mr./Mrs./Dr.] [Procurement Officer/Contract Representative Name]:

Following award of the contract related to [RFP No.], we hereby respectfully request that you provide us with a debriefing in accordance with Section 7-112, *Post-Award Vendor Debriefing* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

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Our intended purpose of requesting a debriefing meeting is to improve for future solicitations by gathering information about our proposal performance against solicitation specifications and evaluation criteria. We have attached questions we would like you to answer. Furthermore, please schedule a debriefing date, but conducted within five (5) business days of receipt of this letter, at your convenience in accordance with Section 7-112.02, *When Debriefing Should Be Conducted* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

Attachments

7-112.03 Information To Be Provided

At a minimum, the debriefing information shall include the following:

(1) The agency's evaluation of significant weaknesses or deficiencies in the vendor's bid or proposal, if applicable;

(2) The overall evaluated cost or price, and technical rating, if applicable, of the successful vendor(s) and the debriefed vendor;

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(4) A summary of the rationale for award; and,

(5) Reasonable responses to relevant questions about selection procedures contained in the solicitation, applicable regulations, and other applicable authorities that were followed.

7-112.04 Information Not To Be Provided

The debriefing shall not include point-by-point comparisons of the debriefed vendor's bid or proposal with those of other offering vendors. Moreover, the debriefing agency shall not reveal any information prohibited by law and/or the following:

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(4) The names of individuals providing reference informati

STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Ms. Tanisha Womack
Director
Anointed Praise Ministry Hill View Children's Home
3458 Hwy 49 North
Mendenhall, Mississippi 39114

Dear Ms. Womack:

Thank you for your recent response to RFP #2015GRPHM001 issued by the Mississippi Department of Human Services, Division of Family & Children's Services. Your proposal has been rejected pursuant to Section 3-301.05.3 (Reasons for Rejection) in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015, which states: "The business that submitted the proposal is non-responsible as determined under Section 3-401 (Responsibility of Bidders and Offerors):

Section 3-401: RESPONSIBILITY OF BIDDERS AND OFFERORS

(a) Determination of Non-responsibility: *The unreasonable failure of a bidder or offeror to promptly supply information in connection with an inquiry with respect to responsibility may be grounds for determination of non-responsibility with respect to such bidder or offeror.*

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3-401.03.1 Standards

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(c) a satisfactory record of integrity;
(d) qualified legally to contract with the State; and,
(e) supplied all necessary information in connection with the inquiry concerning responsibility."

In accordance with the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015:

Section 7-112.01 Debriefing Request

A vendor, successful or unsuccessful, may request a post-award vendor debriefing, in writing, by U.S. mail or electronic submission, to be received by the agency within three (3) business days of notification of the contract award. A vendor debriefing is a meeting and not a hearing; therefore, legal representation is not required. If a vendor prefers to have legal representation present, the vendor must notify the agency and identify its attorney. The agency shall be allowed to schedule and/or suspend and reschedule the meeting at a time when a representative of the Office of the Mississippi Attorney General can be present.

A debriefing shall be requested to obtain information about proposal performance against solicitation specifications and evaluation criteria. In order to request a hearing, please refer to the attached debriefing request letter. The debriefing may be requested if either or all of the following elements have occurred: (1) conflict of interest occurred during the procurement, (2) MDHS failed to follow its own policies and procedures; or (3) fraud was involved. You must include in your letter allegations to support any theory. **A debriefing is not a debate or defense of the Agency's award decision or evaluation results.**

The Mississippi Department of Human Services, Division of Family & Children's Services appreciates your interest in providing quality services. Furthermore, MDHS, Division of Family & Children's Services encourages your agency to respond to future acquisitions.

Sincerely,

David A. Chandler /GG

Dr. David A. Chandler
Executive Director

DAC:MG:BL:kj

Attachments: Debriefing Request Letter
Information to Be Provided Not to Be Provided

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

Dear [Mr./Mrs./Dr.] [Procurement Officer/Contract Representative Name]:

Following award of the contract related to [RFP No.], we hereby respectfully request that you provide us with a debriefing in accordance with Section 7-112, *Post-Award Vendor Debriefing* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

This post award debriefing is requested within the requisite three (3) business days following the award notice dated from (...) in accordance with Section 7-112.01 *Debriefing Request* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

Our intended purpose of requesting a debriefing meeting is to improve for future solicitations by gathering information about our proposal performance against solicitation specifications and evaluation criteria. We have attached questions we would like you to answer. Furthermore, please schedule a debriefing date, but conducted within five (5) business days of receipt of this letter, at your convenience in accordance with Section 7-112.02, *When Debriefing Should Be Conducted* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

Attachments

7-112.03 Information To Be Provided

At a minimum, the debriefing information shall include the following:

(1) The agency's evaluation of significant weaknesses or deficiencies in the vendor's bid or proposal, if applicable;

(2) The overall evaluated cost or price, and technical rating, if applicable, of the successful vendor(s) and the debriefed vendor;

(3) The overall ranking of all vendors, when any ranking was developed by the agency during the selection process;

(4) A summary of the rationale for award; and,

(5) Reasonable responses to relevant questions about selection procedures contained in the solicitation, applicable regulations, and other applicable authorities that were followed.

7-112.04 Information Not To Be Provided

The debriefing shall not include point-by-point comparisons of the debriefed vendor's bid or proposal with those of other offering vendors. Moreover, the debriefing agency shall not reveal any information prohibited by law and/or the following:

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(4) The names of individuals providing reference informati

STATE OF MISSISSIPPI
Phil Bryant, Governor
DIVISION OF FAMILY AND CHILDREN'S SERVICES
Dr. David A. Chandler, Executive Director

January 8, 2016

Ms. Shyekia Smith
Executive Director
Deliverance Group Home
5815A Tangipahoa Road
Summit, Mississippi 39666

Dear Ms. Smith:

Thank you for your recent response to RFP #2015GRPHM001 issued by the Mississippi Department of Human Services, Division of Family & Children's Services. Your proposal has been rejected pursuant to Section 3-301.05.3 (Reasons for Rejection) in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015, which states: "The business that submitted the proposal is non-responsible as determined under Section 3-401 (Responsibility of Bidders and Offerors):

> ***Section 3-401: RESPONSIBILITY OF BIDDERS AND OFFERORS***
> ***(a) Determination of Non-responsibility****: The unreasonable failure of a bidder or offeror to promptly supply information in connection with an inquiry with respect to responsibility may be grounds for determination of non-responsibility with respect to such bidder or offeror.*
>
> **3-401.03 Standards of Responsibility**
>
> **3-401.03.1 Standards**
> *Factors to be considered in determining whether the standard of responsibility has been met include whether a prospective contractor has:*
> *(a) available the appropriate financial, material, equipment, facility, and personnel resources and expertise, or the ability to obtain them, necessary to indicate its capability to meet all contractual requirements;*
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(e) supplied all necessary information in connection with the inquiry concerning responsibility."

In accordance with the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015:

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A vendor, successful or unsuccessful, may request a post-award vendor debriefing, in writing, by U.S. mail or electronic submission, to be received by the agency within three (3) business days of notification of the contract award. A vendor debriefing is a meeting and not a hearing; therefore, legal representation is not required. If a vendor prefers to have legal representation present, the vendor must notify the agency and identify its attorney. The agency shall be allowed to schedule and/or suspend and reschedule the meeting at a time when a representative of the Office of the Mississippi Attorney General can be present.

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The Mississippi Department of Human Services, Division of Family & Children's Services appreciates your interest in providing quality services. Furthermore, MDHS, Division of Family & Children's Services encourages your agency to respond to future acquisitions.

Sincerely,

David A. Chandler /GG

Dr. David A. Chandler
Executive Director

DAC:MG:BL:kj

Attachments: Debriefing Request Letter
Information to Be Provided Not to Be Provided

[Date]

[Procurement Officer/Contract Representative Name]
[Address]
[Contact Info]

Reference: [RFP No.]

Formal Post-award Debriefing Request Letter

Dear [Mr./Mrs./Dr.] [Procurement Officer/Contract Representative Name]:

Following award of the contract related to [RFP No.], we hereby respectfully request that you provide us with a debriefing in accordance with Section 7-112, *Post-Award Vendor Debriefing* in the Personal Service Contract Review Board Rules and Regulations, Effective Date 01/16/2015.

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Please formally acknowledge receipt of this post-award debriefing request letter via email at _____.

Sincerely,

[Signature]

[Vendor Name]
[Address]
[Contact Info including Email Address]

Attachments

7-112.03 Information To Be Provided

At a minimum, the debriefing information shall include the following:

(1) The agency's evaluation of significant weaknesses or deficiencies in the vendor's bid or proposal, if applicable;

(2) The overall evaluated cost or price, and technical rating, if applicable, of the successful vendor(s) and the debriefed vendor;

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(4) The names of individuals providing reference informati

PROPOSAL(S)

PROPOSAL(S) RECEIVED LOG

PROPOSALS RECEIVED LOG

MDHS/DIVISION OF FAMILY & CHILDREN'S SERVICES
RFP #2015GRPHM001

Proposal Name	Date Received	Time Received	Received By	Required Letter of Intent Received
Sunnybrook Children's Home	12/12/2015	11:45 am	J. Brantley	Yes
Millcreek – Pontotoc	12/29/2015	11:20 am	K. Johnson	Yes
Pine Vale Children's Home	12/29/2015	5:00 pm	B. Lewis	Yes
Berean Children's Home	12/30/2015	10:03 am	K. Johnson	Yes
Naomi Residential Facility	12/30/2015	10:43 am	J. Brantley	Yes
APM Hill View Children's Home	12/30/2015	11:16 am	J. Brantley	Yes
Deliverance Group Home	12/30/2015	11:32 am	J. Brantley	Yes
Rays of Sunshine	12/30/2015	11:330am	J. Brantley	Yes
Anointed Oasis Ministry for Children	12/30/2015	11:45 am	J. Brantley	Yes
Heaven Bound	12/30/2015	11:51 am	J. Brantley	Yes
Emily's Home	12/30/2015	10:10 am	B. Lewis	Yes
Executive Leaders of Tomorrow	12/30/2015	10:31 am	B. Lewis	Yes
Copiah County Children Group Home	12/30/2015	11:43 am	J. Brantley	Yes

MANDATORY PRE-PROPOSAL CONFERENCE LOG

MDHS/DIVISION OF FAMILY & CHILDREN'S SERVICES
RFP #2015GRPHM001
DATE OF CONFERENCE: December 14, 2015

VENDOR NAME	SIGNATURE	TIME	MDHS/DFCS Representative
Executives of Tomorrow Dianne Gore	Dianne Gore	10:00	
Naomi Residential Facility Deunderia Smith-Wraggs	Deunderia Smith-Wraggs	10:00 am	
Naomi Residential facility Viola Wraggs	Viola Wraggs	10:00 AM	
Shy Smith Deliverance Group Home	Shy Smith	10:00	
ERIK D TEEMER DELIVERANCE GROUP HOME	[illegible]	10:00 AM	
TERRI PROVINCE HOPE VILLAGE	Terri Province	10:00	
HOPE VILLAGE	Tera Aycock	10:00	
Courage Worldwide	Candra Owens	10:00	
THE BAPTIST CHILDREN'S VILLAGE	Rory Lee	10:00	
BCV	Randy Cotter	10:00	
Jordan Rivers	Fred Jordan	10:00	

Berean Children's Home
by Pam Whitaker 10:15
by Camille Redd 10:15

The Haven
Carrietha L. Ball 10:15
Jessica Baldwin 10:15
Debbie Dobbins - Southern Christian Services 10:15
Twanna Bythec 10:21
SCSCY Kathy Flournoy 10:20
SCSCY Janice Ellis
Renetta McBee
Tanisha Womack Zaniesha Womack tanishawomack@aol.com

MANDATORY PRE-PROPOSAL CONFERENCE LOG
SEPTEMBER 8, 2015

MANDATORY PRE-PROPOSAL CONFERENCE LOG

MDHS/DIVISION OF FAMILY & CHILDREN'S SERVICES
RFP #2015GRPHM001
DATE OF CONFERENCE: December 14, 2015

VENDOR NAME	SIGNATURE	TIME	MDHS/DFCS Representative
Patricia R Sweeper	[illegible]	10:13am	
Sadie Allen, Janoyd Grove	[illegible]	10:13am	
Brandon Frazier	[illegible]	10:13	
[illegible]	[illegible]	10:14	
Laurie Shoals	[illegible]	10:15	
Southwest Mental Health	[illegible]	10:15	
Dominic Dorsey	[illegible]	10:15	
New Beginnings Youth Home - Shaunda Lee	[illegible]	10:15	
Sonny Brook Children's Home - Kenny Sewell	[illegible]	10:15am	
Ro Shelter Sunnybrook	[illegible]	10:15	
Randy Collum/Fine Vale	Randall Collum	10:15	