



**STATE OF TENNESSEE
DEPARTMENT OF CORRECTION**

**REQUEST FOR GRANT PROPOSALS
FOR
COMMUNITY-BASED TREATMENT SERVICES FOR OFFENDERS
RFGP # 32952-13006**

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STATE OF TENNESSEE
Department of Correction

**REQUEST FOR GRANT PROPOSALS
FOR Community-Based Treatment Services for Offenders**

RFGP # 32952-13006

1. **INTRODUCTION**

The State of Tennessee, Department of Correction, hereinafter referred to as “the State,” has issued this Request for Grant Proposals (RFGP) with the intent to award multiple contracts for entities and organizations to provide treatment services to Offenders sentenced to community corrections with a designated substance use or co-occurring disorder throughout the State.

The RFGP defines minimum service requirements; solicits proposals; details proposal requirements; and, outlines the State’s process for evaluating proposals and selecting contractor(s) to provide the required service. Through this RFGP, the State seeks to buy the best services at the most favorable, competitive prices and to give ALL qualified businesses, including those that are owned by minorities, women, persons with a disability, and small business enterprises, opportunity to do business with the state as contractors and sub-contractors.

Pursuant to the Community Corrections Act of 1985, which established an alternative to incarceration for non-violent felony offenders and other felony offenders with designated “special needs” that could be best served in the community, rather than in a correctional institution. Tenn. Code Ann. § 40-36- 106. provides the Tennessee Department of Correction with the ability to offer community-based alternatives in lieu of incarceration, thereby reserving secure confinement facilities for violent felony offenders. As of June 30, 2021, the Department of Correction is responsible for the supervision of 7,654 offenders sentenced to community corrections. Passed in the State legislature, the Alternatives to Incarceration Act (HB0784/SB0767) and its companion bill known as the Re-Entry Success Act (HB0785/SB0768) allows the Department of Correction to contract with entities and organizations, including local governments to create or operate community-based alternatives to incarceration.

The Department of Correction is seeking proposals for current community-based treatment services to include: Residential Inpatient Treatment, Intensive Outpatient Programming, and Day Reporting Center Services available to its current and future offender population. In addition, supervision services may be proposed but ***must*** include a treatment-based option. ***The Department of Correction currently has six (6) State-owned Day Reporting Centers and therefore, no proposals for Day Reporting Center Services can be proposed in the following cities: Johnson City, Knoxville, Nashville, Murfreesboro, Jackson and Memphis. In addition, the Department is actively preparing to open two (2) additional Day Reporting Centers in the following cities: Chattanooga and Columbia, therefore no proposals for Day Reporting Centers in these cities will be accepted.***

1.1. **Scope of Service, Contract Period, & Required Terms and Conditions.** The contract awarded pursuant to this RFGP will be drafted in accordance with the RFGP Attachment 6.4., *Pro Forma Contract*, which details the State’s required:

- Scope of Services and Deliverables (Section A);
- Contract Period (Section B);
- Payment Terms (Section C);
- Standard Terms and Conditions (Section D); and,
- Special Terms and Conditions (Section E).

- 1.2. **Nondiscrimination.** No person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of a Contract pursuant to this RFGP or in the employment practices of the Contractor on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law. The Contractor pursuant to this RFGP shall, upon request, show proof of such nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
- 1.3. **RFGP Communications.** Reference the RFGP identification number, **RFGP # 32952-13006**, in all communications relating to this RFGP, and direct any such communications to the following person designated as the RFGP Coordinator.

Ariel Evans
Tennessee Department of Correction
320 Sixth Avenue North
Nashville Tennessee 37243
615.253.8106
ariel.evans@tn.gov

- 1.3.1. Only the State's official, written responses and communications with Respondents are binding with regard to this RFGP. Oral communications between a State official and one or more Respondents are unofficial and non-binding.
- 1.3.2. Potential Respondents must ensure that the State receives all written questions and comments, including questions and requests for clarification, no later than the Written Questions & Comments Deadline detailed in the RFGP Section 2, Schedule of Events.
- 1.3.3. Respondents must assume the risk of the method of dispatching any communication or response to the State. The State assumes no responsibility for delays or delivery failures resulting from the Respondent's method of dispatch. Actual or digital "postmarking" of a communication or response to the State by a specified deadline is not a substitute for the State's actual receipt of a communication or response.
- 1.3.4. The State will convey all official responses and communications related to this RFGP to the prospective Respondents from whom the State has received a Notice of Intent to Respond (refer to RFGP Section 2, Schedule of Events).
- 1.3.5. The State reserves the right to determine, at its sole discretion, the method of conveying official, written responses and communications related to this RFGP. Such written communications may be transmitted by mail, hand-delivery, facsimile, electronic mail, Internet posting, or any other means deemed reasonable by the State.
- 1.3.6. The State reserves the right to determine, at its sole discretion, the appropriateness and adequacy of responses to written comments, questions, and requests related to this RFGP. The State's official, written responses will constitute an amendment of this RFP.
- 1.3.7. Any data or factual information provided by the State (in this RFGP, an RFGP amendment or any other communication relating to this RFGP) is for informational purposes only. The State will make reasonable efforts to ensure the accuracy of such data or information, however it is the Respondent's obligation to independently verify any data or information provided by the State. The State expressly disclaims the accuracy or adequacy of any information or data that it provides to prospective Respondents.

Unauthorized contact about this RFGP with employees or officials of the State of Tennessee may result in disqualification from consideration under this procurement process.

Notwithstanding the foregoing, potential proposers may also contact the following as appropriate: (a) staff of the Governor's Office of Diversity Business Enterprise for assistance available to minority-owned, women-owned, and small businesses as well as general, public information relating to this RFGP; and (b) the following individual designated by the State to coordinate compliance with the nondiscrimination requirements of the State of Tennessee, Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, and associated federal regulations:

Mercedes Gilchrease
Tennessee Department of Correction
320 Sixth Avenue North
Nashville Tennessee 37243
(615) 253-8188
[marcedes.gilchrease@tn.gov](mailto:mercedes.gilchrease@tn.gov)

1.4. **Proposer Required Review & Waiver of Objections.** Each potential proposer must carefully review this RFGP, including but not limited to, attachments (including the *Pro Forma* Contract) and any amendments, to identify any issues, questions, comments, defects, objections, or other matter requiring clarification or correction (collectively called "issues"). A potential proposer with issues concerning this RFGP must provide such in writing to the State no later than the Proposal Deadline detailed in the RFGP Section 2, *Schedule of Events*. Protests based on any issues shall be considered waived and invalid if the issues have not been brought to the attention of the State, in writing, by the Proposal Deadline.

1.5. **Pre-Response Conference**

A Pre-response Conference will be held at the time and date detailed in the RFGP Section 2, Schedule of Events. Pre-response Conference attendance is not mandatory, and prospective Respondents may be limited to a maximum number of attendees depending upon overall attendance and space limitations.

The conference will be held virtually using the WebEx platform:

<https://tn.webex.com/tn/j.php?MTID=mce836802c92c9916b9a07d96a69a9f9e>

Tuesday, Feb 1, 2022 10:00 am | 1 hour | (UTC-06:00) Central Time (US & Canada)

Meeting number: 2307 186 3478
Password: 6JKeWpjik63

Join by video system
Dial 23071863478@tn.webex.com
You can also dial 173.243.2.68 and enter your meeting number.

Join by phone
+1-415-655-0001 US Toll

Access code: 230 718 63478

The purpose of the conference is to discuss the RFGP scope of goods or services. The State will entertain questions, however prospective Respondents must understand that the State's oral response to any question at the Pre-response Conference shall be unofficial and non-binding. Prospective Respondents must submit all questions, comments, or other concerns regarding the RFGP in writing prior to the Written Questions & Comments Deadline date detailed in the RFP Section 2, Schedule of Events. The State will send the official response to these questions and comments to prospective Respondents from whom the State has received a Notice of Intent to respond as indicated in RFGP Section 1.6. Notice of Intent to Respond and on the date detailed in the RFP Section 2, Schedule of Events.

1.6. Notice of Intent to Respond

Before the Notice of Intent to Respond Deadline detailed in the RFGP Section 2, Schedule of Events, prospective Respondents should submit to the Solicitation Coordinator a Notice of Intent to Respond (in the form of a simple e-mail or other written communication). Such notice should include the following information:

- the business or individual's name (as appropriate);
- a contact person's name and title; and
- the contact person's mailing address, telephone number, facsimile number, and e-mail address.

A Notice of Intent to Respond creates no obligation and is not a prerequisite for submitting a response, however, it is necessary to ensure receipt of any RFGP amendments or other notices and communications relating to this RFGP.

2. SCHEDULE OF EVENTS

The following RFGP Schedule of Events represents the State's best estimate for this RFGP. The state reserves the right, at its sole discretion, to adjust the Schedule of Events or to otherwise amend this RFGP at any time. The State reserves the right, at its sole discretion, to cancel or to cancel and reissue this RFGP in accordance with applicable laws and regulations.

EVENT	TIME (central time zone)	DATE (all dates are state business days)
1. RFGP Issued		January 27, 2022
2. Pre-Response Conference (Conducted via WebEx virtual platform)	10:00 a.m.	February 1, 2022
3. Notice of Intent to Respond Deadline		February 4, 2022
4. Deadline for Potential Proposer Questions	4:30 p.m.	February 11, 2022
5. State Issues Responses to Proposer Questions		March 4, 2022
6. Deadline for Additional Potential Proposer Questions	4:30p.m.	March 11, 2022
7. State Issues Responses to Potential Proposer Additional Questions		March 31, 2022
8. Grant Proposal Deadline	2:00 p.m.	April 21, 2022
9. Qualifications Evidence Evaluations Completed		May 6, 2022
10. Budget Proposals Opened	2:00 p.m.	May 9, 2022
11. Award Notice Released and RFGP Files Opened for Public Inspection	2:00 p.m.	May 17, 2022
12. Open File Period Ends		May 24, 2022
13. Grantee Signature Deadline		May 31, 2022
14. Contract Signed by the State	2:00 p.m.	June 10, 2022

15. Grant Contract Start Date		July 1, 2022
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3. **PROPOSAL REQUIREMENTS**

3.1. **Two Part Proposal.** A proposal in response to this RFGP must consist of two parts— Qualifications Evidence (including any supporting documentation) and a Budget Proposal. A Proposer is liable for any and all proposal errors or omissions.

3.1.1. QUALIFICATIONS EVIDENCE

The RFGP Attachment 6.2., *Qualifications Evidence Guide* details specific mandatory requirements for making a proposal in response to this RFGP. A Proposer must duplicate RFGP Attachment 6.2. to cover (as a table of contents), organize, reference, and complete the Qualifications Evidence portion of the proposal. All information and documentation included must address a specific requirement item detailed in the RFGP Attachment 6.2., *Qualifications Evidence Guide* and must be clearly referenced. The State will deem any information not meeting these criteria to be extraneous and will not review it.

NOTICE: DO NOT include any pricing or budget information in any part of the Qualifications Evidence. If a Proposer includes any pricing or budget information amount of any type (even pricing relating to other projects) within the Qualifications Evidence, the state will deem the proposal non-responsive and reject it.

3.1.2. BUDGET PROPOSAL

A Proposer must use an exact duplicate of the RFGP Attachment 6.3., *Budget Proposal Guide* to record only the proposed budget exactly as required by the *Budget Proposal Guide*. A Proposer must sign and date the Budget Proposal. The Budget Proposal, recorded as required, must incorporate ALL budgets for ALL services under the contract for the total contract period. A Proposer must NOT record any other rates, amounts, or information except that which is specifically required.

NOTICE: The state will deem the proposal non-responsive and reject it if a Proposer fails to submit a Budget Proposal exactly as required.

3.2. **Proposal Delivery**

3.2.1. A Respondent must ensure that both the original Technical Response and Budget Proposal documents meet all form and content requirements required signatures, as detailed within this RFGP, as may be amended. Electronic submissions must be sent via email to the Solicitation Coordinator (Ariel.Evans@tn.gov). **No proposal hard copies will be accepted.** Respondents must ensure that both the technical and budget portions of their proposals are received by the State no later than the deadline detailed in the RFGP schedule of events, with both technical and budget portions properly labeled.

3.3. **Proposal Deadline.** A Proposer must ensure that the State receives a proposal no later than the Proposal Deadline time and date detailed in the RFGP Section 2, *Schedule of Events*. A proposal must respond, as required, to this RFGP (including its attachments) as may be amended. The State will not accept late proposals, and a Proposer’s failure to submit a proposal before the deadline will result in disqualification of the proposal. The State accepts no responsibility for electronic submissions made but not received by the State by the proposal deadline as detailed in the RFGP Section 2, *Schedule of Events*.

3.4. **Proposer/Proposal Prohibitions:**

- A Proposer will NOT be allowed to alter or revise proposal documents after the Proposal Deadline unless such is formally requested, via email, by the State.
- A proposal must NOT include the Proposer's own contract terms and conditions.
- A proposal must NOT restrict the rights of the State or otherwise qualify either the offer to deliver services as required by this RFGP or the Budget Proposal.
- A Budget Proposal must NOT result from any collusion between Proposers.
- A Proposer must NOT provide, for consideration in this RFGP process or subsequent contract negotiations, incorrect information that the Proposer knew or should have known was materially incorrect.

4. GENERAL INFORMATION & REQUIREMENTS

4.1. **Conflict of Interest.** This RFGP shall not result in a contract with:

- an individual who is, or within the past six months has been, an employee or official of the State of Tennessee;
- a company, corporation, or any other contracting entity in which an ownership of two percent (2%) or more is held by an individual who is, or within the past six months has been, an employee or official of the State of Tennessee (this will not apply either to financial interests that have been placed into a "blind trust" arrangement pursuant to which the employee does not have knowledge of the retention or disposition of such interests or to the ownership of publicly traded stocks or bonds where such ownership constitutes less than 2% of the total outstanding amount of the stocks or bonds of the issuing entity);
- a company, corporation, or any other contracting entity which employs an individual who is, or within the past six months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purpose of furthering the private interest or personal profit of any person; or,
- any individual, company, or other entity involved in assisting the State in the development, formulation, or drafting of this RFGP or its scope of services (such person or entity being deemed by the State as having information that would afford an unfair advantage over other Proposers).

(for the purposes of this RFGP subsection, the State will deem an individual to be an employee or official of the State of Tennessee until such time as all compensation for salary, termination pay, and annual leave has been paid).

4.2. **State Right of Rejection.** Subject to applicable laws and regulations, the State reserves the right to reject, at its sole discretion, any and all proposals.

The State may deem as non-responsive and reject any proposal that does not comply with all terms, conditions, and performance requirements of this RFGP. Notwithstanding the foregoing, the State reserves the right to waive, at its sole discretion, a proposal's minor variances from full compliance with this RFGP. If the State waives variances in a proposal, such waiver shall not modify the RFGP requirements or excuse the Proposer from full compliance with such, and the State may hold any resulting Contractor to strict compliance with this RFGP.

4.3. **State Right to Refuse Personnel.** The State reserves the right to refuse, at its sole discretion and notwithstanding any prior approval, any personnel of the prime contractor or a subcontractor providing service in the performance of a contract resulting from this RFGP. The State will document in writing the reason(s) for any rejection of personnel.

4.4. **Disclosure of Proposal Contents**

4.4.1. Each proposal and all materials submitted to the State in response to this RFGP become the property of the State of Tennessee. Selection or rejection of a proposal does not affect this right. By submitting a

proposal, a Proposer acknowledges and accepts that the full proposal contents and associated documents will become open to public inspection in accordance with the laws of the State of Tennessee.

4.4.2. The State will hold all proposal information in confidence during the evaluation process. Notwithstanding the foregoing, a list of actual Proposers submitting timely proposals may be available to the public, upon request, after the Proposal Deadline detailed in the RFGP Section 2, *Schedule of Events*.

4.4.3. Proposals and associated materials will be open for review by the public in accordance with *Tennessee Code Annotated*, Section 10-7-504(a)(7) after the State completes proposal evaluations and issues an Evaluation Notice.

4.5. **Severability**

If any provision of this RFGP is declared by a court to be illegal or in conflict with any law, said decision will not affect the validity of the remaining RFGP terms and provisions, and the rights and obligations of the State and Proposers will be construed and enforced as if the RFGP did not contain the particular provision held to be invalid.

5. PROPOSAL EVALUATION & CONTRACT AWARD

Evaluation Categories & Maximum Points

The State will consider qualifications, experience, technical approach, and cost in the evaluation of responses and award points in each of the categories detailed below (up to the maximum evaluation points indicated) to each response deemed by the State to be responsive.

EVALUATION CATEGORY	MAXIMUM POINTS POSSIBLE
General Qualifications Evidence (refer to RFP Attachment 6.2., Section A)	30
Technical Qualifications, Experience & Approach (refer to RFP Attachment 6.2., Section B)	70
Budget Proposal (refer to RFP Attachment 6.3.)	25

The RFGP Coordinator will review each proposal for compliance with all general RFGP requirements. Then, a Proposal Evaluation Team of at least three (3) procuring agency employees will review the Qualifications Evidence and any supporting documentation for each compliant proposal. For a proposal in response to this RFGP to be acceptable and eligible for contract award, all evaluators must determine that the Qualifications Evidence documents that the Proposer meets the mandatory qualifications and experience requirements and is otherwise, at least, minimally acceptable as a contractor for the subject services. The State will document, in writing, any determination (and the specific reasons therefore) that a Proposer’s Qualification Evidence failed to adequately address and document both compliance with mandatory requirements and acceptability for contract award.

The RFGP Coordinator will identify proposals with technical proposal scores of **EIGHTY (80)** or above based on general qualifications evidence and technical qualifications, experience and approach combined scores. Budget proposals will be reviewed and scored for technical proposals scored **EIGHTY (80)** or above. The RFGP Coordinator will assess whether each identified Budget Proposal complies with RFGP requirements without qualification. The RFGP Coordinator will document, in writing, any determination (and the specific reasons therefore) that a Budget Proposal is non-compliant with requirements such that the Proposer is non-responsive to the RFGP.

PROPOSAL STATEMENT OF CERTIFICATIONS AND ASSURANCES

The Proposer must sign and complete the *Proposal Statement of Certifications and Assurances* below as required, and it must be included in the Qualifications Evidence (as required by the RFGP Attachment 6.2., *Qualifications Evidence Guide*).

The Proposer does, hereby, expressly affirm, declare, confirm, certify, and assure ALL of the following:

1. The Proposer will comply with all of the provisions and requirements of the RFGP.
2. The Proposer will provide all services as defined in the Scope of Services of the RFGP Attachment 6.6., *Pro Forma Contract* for the total contract period.
3. The Proposer accepts and agrees to all terms and conditions set out in the RFGP Attachment 6.6., *Pro Forma Contract*.
4. The Proposer acknowledges and agrees that a contract resulting from the RFGP shall incorporate, by reference, all proposal responses as a part of the contract.
5. The Proposer will comply with:
 - (a) the laws of the State of Tennessee;
 - (b) Title VI of the federal Civil Rights Act of 1964;
 - (c) Title IX of the federal Education Amendments Act of 1972;
 - (d) the Equal Employment Opportunity Act and the regulations issued there under by the federal government; and,
 - (e) the Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government.
6. To the knowledge of the undersigned, the information detailed within the proposal submitted in response to the RFGP is accurate.
7. The proposal submitted in response to the RFGP was independently prepared, without collusion, under penalty of perjury.
8. No amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Proposer in connection with the RFGP or any resulting contract.

By signing this *Proposal Statement of Certifications and Assurances* below, the signatory also certifies legal authority to bind the proposing entity to the provisions of this RFGP and any contract awarded pursuant to it. If the signatory is not the Proposer (if an individual) or the Proposer’s company *President* or *Chief Executive Officer*, this document must attach evidence showing the individual’s authority to bind the proposing entity.

DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT LEGALLY AUTHORIZED TO BIND THE PROPOSING ENTITY

SIGNATURE:

PRINTED NAME & TITLE:

DATE:

PROPOSER LEGAL ENTITY NAME:

PROPOSER FEDERAL EMPLOYER IDENTIFICATION NUMBER (or SSN):

SECTION A – GENERAL QUALIFICATIONS EVIDENCE GUIDE

The Proposer must address all items detailed below and provide, in sequence, the information and documentation as required (referenced with the associated item references). The Proposer must also detail the proposal page number(s) for each item in the appropriate space below.

Prior to State evaluation of Qualifications Evidence, the RFGP Coordinator will review each proposal for compliance with all RFGP requirements, including but not limited to:

- The proposal must be delivered via email to the State no later than the Proposal Deadline specified in the Schedule of Events.
- The Qualifications Evidence and the Budget Proposal must be submitted in separate emails as required in RFGP Section 3.2.
- The Qualifications Evidence must NOT contain budget or pricing information of any type.
- The Qualifications Evidence must NOT contain any restriction(s) of the rights of the State or other proposal limitation.

The Proposal Evaluation Team will, then, review the Qualifications Evidence to determine if the mandatory requirement items are addressed as required and that it documents that the Proposer meets each mandatory qualification and experience requirement and is otherwise, at least, minimally acceptable as a contractor for the subject services.

RESPONDENT LEGAL ENTITY NAME:		
Response Page # (Respondent completes)	Item Ref.	Section A— General Qualifications & Experience Items
	A.1.	Detail the name, e-mail address, mailing address, telephone number, and facsimile number of the person the State should contact regarding the response.
	A.2.	Describe the Respondent's form of business (<i>i.e.</i> , individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and business location (physical location or domicile).
	A.3.	Provide the Statement of Certifications and Assurances (RFGP Attachment 6.1.) completed and signed by an individual empowered to bind the Respondent to the provisions of this RFGP and any resulting contract. The document must be signed without exception or qualification.
	A.4.	Respondent's combined response submitted for RFGP Attachment 6.2. Sections A & B, must not exceed one hundred (100) pages in length and all text must be at least a twelve (12) point font (maps, graphs, and charts included as an appendix will not count against this page limit).
	A.5.	Provide a narrative detailing the provision of treatment services being proposed. The statement must include the proposed location for the provision of treatment service being proposed. If the Respondent proposes to offer Day Reporting Center Services, provide a statement affirming that the Respondent's response to this RFGP does not include service locations in the following cities: Johnson City, Knoxville, Nashville, Murfreesboro, Chattanooga, Columbia, Jackson, and Memphis.
	A.6.	Provide a narrative confirming that the Respondent will complete all necessary assessments and Offender placements within ten (10) calendar days.
	A.7.	Provide a narrative confirming the Respondent's understanding that supervision services must only be proposed in conjunction with one (1) or more of the identified treatment-based offerings. Failure to offer a treatment-based option in conjunction with a Respondent's proposal for supervision services shall result in a Respondent being deemed non-responsive.
	A.8.	Detail the number of years the Respondent has been in business.
	A.9.	Briefly describe how long the Respondent has been providing the goods or services required by this RFGP. If the Respondent proposes to offer Day Reporting Center Services, the Respondent or identified sub-contractor(s) must be an abstinence-based substance use treatment program that provides Offenders the opportunity to attain a clean and sober lifestyle while serving their Probation

RESPONDENT LEGAL ENTITY NAME:		
Response Page # (Respondent completes)	Item Ref.	Section A— General Qualifications & Experience Items
		sentence in the community.
	A.10.	Describe how the Respondent shall provide identified treatment-based services to those Offenders in their native language to meet Limited English Proficiency (LEP) standards.
	A.11.	Provide a statement detailing whether the Respondent intends to use subcontractors to meet the Respondent's requirements of any contract awarded pursuant to this RFGP, and if so, detail: (a) the names of the subcontractors along with the contact person, mailing address, telephone number, and email address for each; (b) a description of the scope and portions of the goods each subcontractor involved in the delivery of goods or performance of the services each subcontractor will perform; and (c) a statement specifying that each proposed subcontractor has expressly assented to being a proposed subcontractor in the Respondent's response to this RFGP.
	A.12.	Provide a letter of support or pre-approval letter from the identified county entity where the Respondent seeks to provide services. If the Respondent seeks to provide services in more than one (1) county, a letter of support or pre-approval letter must be provided from all identified counties.
	A.13.	Provide a copy of the Respondent's operating state licensure issued through the TDMHSAS if proposing to provide residential and outpatient treatment services. If the Respondent will utilize a sub-contractor to provide Residential and Outpatient treatment services, a copy of the state licensure issued to the sub-contractor for the operating of residential and outpatient treatment services through the TDMHSAS must be provided. If the Respondent or identified subcontractor is federally accredited, the Respondent must submit a copy of the certification from an approved SAMSHA agency.
	A.14.	Describe the Respondent's number of employees, client base, and location of offices.
	A.15.	Provide a copy of all current and proposed leases that the Respondent intends to enter into for all locations identified to perform services outlined within this RFGP. If the Respondent provides a current, active lease the property must be in accordance with the State's Fire Marshal regulations and all applicable local building codes.
	A.16.	Provide a statement, that upon contract award the awarded Respondent(s) shall provide a valid, Certificate of Insurance that is verified and dated within the last six (6) months upon contract award and which details all of the following: (a) Name of the Insurance Company (b) Respondent's Name and Address as the Insured (c) Policy Number (d) The following minimum insurance coverages: (i) Workers' Compensation/ Employers' Liability with a limit not less than the relevant statutory amount or One Million Dollars (\$1,000,000.00) per occurrence for employers' liability; (ii) Comprehensive Commercial General Liability (including personal injury and property damage, premises/operations, independent contractor, contractual liability and completed

RESPONDENT LEGAL ENTITY NAME:		
Response Page # (Respondent completes)	Item Ref.	Section A— General Qualifications & Experience Items
		<p>operations/products) with a bodily injury/property damage combined single limit not less than One Million Dollars (\$1,000,000.00) per occurrence and Five Million Dollars (\$5,000,000.00) aggregate;</p> <p>(iii) Automobile Coverage (including owned, leased, hired, and non-owned vehicles) with a bodily injury/property damage combined single limit not less than One Million Dollars (\$1,000,000.00) per occurrence; and</p> <p>(iv) Professional Malpractice Liability with a limit of not less than Three Million Dollars (\$3,000,000.00) per claim.</p> <p>(e) The following information applicable to each type of insurance coverage:</p> <p>(i) Coverage Description,</p> <p>(ii) Exceptions and Exclusions,</p> <p>(iii) Policy Effective Date,</p> <p>(iv) Policy Expiration Date, and</p> <p>(v) Limit(s) of Liability.</p>
	A.17.	Provide a statement of whether there have been any mergers, acquisitions, or change of control of the Respondent within the last ten (10) years. If so, include an explanation providing relevant details.
	A.18.	Provide a statement of whether the Respondent or, to the Respondent's knowledge, any of the Respondent's employees, agents, independent contractors, or subcontractors, involved in the delivery of goods or performance of services on a contract pursuant to this RFP, have been convicted of, pled guilty to, or pled <i>nolo contendere</i> to any felony. If so, include an explanation providing relevant details.
	A.19.	Provide a statement of whether, in the last ten (10) years, the Respondent has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, include an explanation providing relevant details.
	A.20.	Provide a current bank reference indicating that the Respondent's business relationship with the financial institution is in positive standing. Such reference must be written in the form of a standard business letter, signed, and dated within the past three (3) months.
	A.21.	<p>Provide EITHER:</p> <p>(a) an official document or letter from an accredited credit bureau, verified and dated within the last three (3) months and indicating a positive credit rating for the Respondent (NOTE: A credit bureau report number without the full report is insufficient and will not be considered responsive.); OR</p> <p>(b) a Dun & Bradstreet short-form report, verified and dated within the last three tech (3) months and indicating a positive credit rating for the Respondent.</p>
	A.22.	Provide documentation disclosing the amount of cash flows from operating activities for the Respondent's most current operating period. Said documentation must indicate whether the cash flows are positive or negative, and, if the cash flows are negative for the most recent operating period, the documentation must include a detailed explanation of the factors contributing to the

RESPONDENT LEGAL ENTITY NAME:		
Response Page # (Respondent completes)	Item Ref.	Section A— General Qualifications & Experience Items
		<p>negative cash flows.</p> <p>NOTICE: All persons, agencies, firms, or other entities that provide opinions regarding the Respondent's financial status must be properly licensed to render such opinions. The State may require the Respondent to submit proof of such licensure detailing the state of licensure and licensure number for each person or entity that renders the opinions.</p>
	A.23.	<p>Provide a statement of whether there is any material, pending litigation against the Respondent that the Respondent should reasonably believe could adversely affect its ability to meet contract requirements pursuant to this RFP or is likely to have a material adverse effect on the Respondent's financial condition. If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it would impair the Respondent's performance in a contract pursuant to this RFP.</p> <p>NOTE: All persons, agencies, firms, or other entities that provide legal opinions regarding the Respondent must be properly licensed to render such opinions. The State may require the Respondent to submit proof of license for each person or entity that renders such opinions.</p>
	A.24.	<p>Provide a statement of whether there are any pending or in progress Securities Exchange Commission investigations involving the Respondent. If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it will impair the Respondent's performance in a contract pursuant to this RFP.</p> <p>NOTE: All persons, agencies, firms, or other entities that provide legal opinions regarding the Respondent must be properly licensed to render such opinions. The State may require the Respondent to submit proof of license for each person or entity that renders such opinions.</p>
	A.25.	<p>Provide a brief, descriptive statement detailing evidence of the Respondent's ability to deliver the goods or services sought under this RFP (e.g., prior experience, training, certifications, resources, program and quality management systems, etc.).</p>
	A.26.	<p>Provide a copy of all operational policies from the Respondent's organization to include but not be limited to:</p> <p>Financial;</p> <p>Human Resources;</p> <p>Administration;</p> <p>Substance Use Treatment and;</p> <p>Supervision Services (if supervision is being proposed as a response to this RFGP).</p>
	A.27.	<p>Provide a narrative description of the proposed program team, its members, and organizational structure along with an organizational chart identifying the key people who will be assigned to deliver the goods or services required by this RFGP.</p>
	A.28.	<p>Provide a personnel roster listing the names and position description of key people who the Respondent will assign to meet the Respondent's requirements under this RFGP along with the estimated number of hours that each individual will devote to that performance. Follow the personnel roster with a resume for each of the people listed. The resumes must detail the individual's title, education, current position with the Respondent, employment history, and a copies of all licensure(s) and certification(s) of all current staff identified to perform the operational requirements as outlined within this RFGP.</p>

RESPONDENT LEGAL ENTITY NAME:		
Response Page # (Respondent completes)	Item Ref.	Section A— General Qualifications & Experience Items
	A.29.	<p>Provide documentation of the Respondent's commitment to diversity as represented by the following:</p> <p>(a) <u>Business Strategy</u>. Provide a description of the Respondent's existing programs and procedures designed to encourage and foster commerce with business enterprises owned by minorities, women, service-disabled veterans, persons with disabilities, and small business enterprises. Please also include a list of the Respondent's certifications as a diversity business, if applicable.</p> <p>(b) <u>Business Relationships</u>. Provide a listing of the Respondent's current contracts with business enterprises owned by minorities, women, service-disabled veterans, persons with disabilities, and small business enterprises. Please include the following information:</p> <ul style="list-style-type: none"> (i) contract description; (ii) contractor name and ownership characteristics (<i>i.e.</i>, ethnicity, gender, service-disabled veteran-owned or persons with disabilities); (iii) contractor contact name and telephone number. <p>(c) <u>Estimated Participation</u>. Provide an estimated level of participation by business enterprises owned by minorities, women, service-disabled veterans, persons with disabilities and small business enterprises if a contract is awarded to the Respondent pursuant to this RFP. Please include the following information:</p> <ul style="list-style-type: none"> (i) a percentage (%) indicating the participation estimate. (Express the estimated participation number as a percentage of the total estimated contract value that will be dedicated to business with subcontractors and supply contractors having such ownership characteristics only and DO NOT INCLUDE DOLLAR AMOUNTS); (ii) anticipated goods or services contract descriptions; (iii) names and ownership characteristics (<i>i.e.</i>, ethnicity, gender, service-disabled veterans, or disability) of anticipated subcontractors and supply contractors. <p>NOTE: In order to claim status as a Diversity Business Enterprise under this contract, businesses must be certified by the Governor's Office of Diversity Business Enterprise (Go-DBE). Please visit the Go-DBE website at https://tn.diversitysoftware.com/FrontEnd/StartCertification.asp?TN=tn&XID=9810 for more information.</p> <p>(d) <u>Workforce</u>. Provide the percentage of the Respondent's total current employees by ethnicity and gender.</p> <p>NOTE: Respondents that demonstrate a commitment to diversity will advance State efforts to expand opportunity to do business with the State as contractors and subcontractors. Response evaluations will recognize the positive qualifications and experience of a Respondent that does business with enterprises owned by minorities, women, service-disabled veterans, persons with disabilities, and small business enterprises and who offer a diverse workforce.</p>
	A.30.	<p>Provide a statement of whether or not the Respondent has any current contracts with the State of Tennessee or has completed any contracts with the State of Tennessee within the previous five (5) year period. If so, provide the following information for all of the current and completed contracts:</p> <ul style="list-style-type: none"> (a) the name, title, telephone number and e-mail address of the State contact knowledgeable about the contract; (b) the procuring State agency name; (c) a brief description of the contract's scope of services;

RESPONDENT LEGAL ENTITY NAME:		
Response Page # (Respondent completes)	Item Ref.	Section A— General Qualifications & Experience Items
		<p>(d) the contract period; and</p> <p>(e) the contract number.</p> <p>NOTES:</p> <ul style="list-style-type: none"> ▪ Current or prior contracts with the State are <u>not</u> a prerequisite and are <u>not</u> required for the maximum evaluation score, and the existence of such contracts with the State will <u>not</u> automatically result in the addition or deduction of evaluation points. ▪ Each evaluator will generally consider the results of inquiries by the State regarding all contracts noted.
	A.31.	<p>Provide customer references from individuals who are <u>not</u> current or former State employees for projects similar to the goods or services sought under this RFP and which represent:</p> <ul style="list-style-type: none"> ▪ two (2) accounts Respondent currently services that are similar in size to the State; <u>and</u> ▪ three (3) completed projects. <p>References from at least three (3) different individuals are required to satisfy the requirements above, e.g., an individual may provide a reference about a completed project and another reference about a currently serviced account. The standard reference questionnaire, which <u>must</u> be used and completed, is provided at RFP Attachment 6.4. References that are not completed as required may be deemed non-responsive and may not be considered.</p> <p>The Respondent will be <u>solely</u> responsible for obtaining fully completed reference questionnaires and including them in the sealed Technical Response. In order to obtain and submit the completed reference questionnaires follow the process below:</p> <p>(a) Add the Respondent's name to the standard reference questionnaire at RFP Attachment 6.4. and make a copy for each reference.</p> <p>(b) Send a reference questionnaire and new, standard #10 envelope to each reference.</p> <p>(c) Instruct the reference to:</p> <ul style="list-style-type: none"> (i) complete the reference questionnaire; (ii) sign and date the completed reference questionnaire; (iii) seal the completed, signed, and dated reference questionnaire within the envelope provided; (iv) sign his or her name in ink across the sealed portion of the envelope; and (v) return the sealed envelope directly to the Respondent (the Respondent may wish to give each reference a deadline, such that the Respondent will be able to collect all required references in time to include them within the sealed Technical Response). <p>(d) <u>Do NOT open the sealed references upon receipt.</u></p> <p>(e) Enclose all <u>sealed</u> reference envelopes within a larger, labeled envelope for inclusion in the Technical Response as required.</p> <p>NOTES:</p> <ul style="list-style-type: none"> ▪ The State will not accept late references or references submitted by any means other than that which is described above, and each reference questionnaire submitted must be completed as required. ▪ The State will not review more than the number of required references indicated above. ▪ While the State will base its reference check on the contents of the sealed reference envelopes included in the Technical Response package, the State reserves the right to confirm and clarify information detailed in the completed reference questionnaires, and may consider clarification responses in the evaluation of references. ▪ The State is under <u>no</u> obligation to clarify any reference information.
	A.32.	Provide a statement and any relevant details addressing whether the Respondent is any of the

RESPONDENT LEGAL ENTITY NAME:		
Response Page # (Respondent completes)	Item Ref.	Section A— General Qualifications & Experience Items
		<p>following:</p> <ul style="list-style-type: none"> (a) is presently debarred, suspended, proposed for debarment, or voluntarily excluded from covered transactions by any federal or state department or agency; (b) has within the past three (3) years, been convicted of, or had a civil judgment rendered against the contracting party from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) is presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed above; and (d) has within a three (3) year period preceding the contract had one or more public transactions (federal, state, or local) terminated for cause or default.
		<p>SCORE (for <u>all</u> Section A—Qualifications & Experience Items above): <i>(maximum possible score = 30)</i></p>
<i>State Use – Evaluator Identification:</i>		

TECHNICAL RESPONSE & EVALUATION GUIDE

SECTION B: TECHNICAL QUALIFICATIONS, EXPERIENCE & APPROACH. The Respondent must address all items (below) and provide, in sequence, the information and documentation as required (referenced with the associated item references). The Respondent must also detail the response page number for each item in the appropriate space below.

A Proposal Evaluation Team, made up of three (3) or more State employees, will independently evaluate and then rate a Respondent's answer to each of the items B.1. through B.30. below, by assigning to each answer a sub-score, the sum of which will determine a Respondent's overall score for Section B-Technical Qualifications, Experience & Approach.

RESPONDENT LEGAL ENTITY NAME:		
Response Page # (Respondent completes)	Item Ref.	Section B-Technical Qualifications, Experience & Approach Items
		OVERVIEW
	B.1.	Provide a narrative detailing the treatment-based service(s) the Respondent is seeking to provide to those Offenders identified or assigned to Community Corrections pursuant to Tenn. Code Ann. § 40-36- 106 and the Alternatives to Incarceration Act (HB0784/SB0767) and its companion bill known as the Re-Entry Success Act (HB0785/SB0768).
	B.2.	Provide a sample of all assessments identified and utilized as screening tools for referrals for treatment services (Substance Use Disorder, Behavioral Health, Co-Occurring Disorder) and include the length of time the Respondent has been utilizing the identified assessments.
	B.3.	Provide a list of all cities, counties, and judicial districts in which the Respondent is proposing to provide services for Residential and Intensive Outpatient. For Respondents proposing Day Reporting Center Services, please specify the location where services are to be provided.
	B.4.	Provide a narrative detailing the maximum number of Offenders that the Respondent can provide services for in each identified city, county, or judicial district for each identified service type.
	B.5.	Provide a narrative detailing whether supervision is occurring in conjunction with required treatment-based offerings. If no supervision services are being proposed, the Respondent must provide a narrative detailing the treatment services being offered as required in Item Reference B.1.
	B.6.	Provide a narrative detailing the Respondents standardized data collection and report processing system. Provide a sample of reports to include but not be limited to: program participation and program reporting.
	B.7.	Provide a narrative detailing the Respondents accreditation and re-accreditation process.
	B.8.	Provide a narrative detailing the procedure for records retention to ensure records are maintained for a period of five (5) years from the participant's discharge date in accordance with the records retention detailed in RFGP Attachment Five and Section A.9.c. of the Pro Forma contract.
	B.9.	Provide a narrative detailing the background check process for all new-hires and the drug screen test panel utilized for screening of all new-hires and all current staff for workplace related incidents.
	B.10.	Provide a narrative detailing the annual background check process for all current employees

		and approved volunteers.
	B.11.	Provide a narrative detailing the training for all new and current professional staff for on-boarding and annual training in accordance with human resources training standards set forth by the State of Tennessee Department of Human Resources and the Tennessee Department of Correction Community Correction Program Standards Attachment Five.
	B.12.	Provide a detailed security plan that outlines the following but not limited to: Office/Location Access Controls; On-Site Security Professionals (direct or contract); Emergency Plan, inclusive of an Active Shooter, Natural Disaster, Security Breach, and Physical Altercations between staff and/or Offenders.
	B.13.	Provide a detailed narrative that addresses how the Respondent will provide ADA accommodations for all Offenders with identified ADA needs.
		SCORE (for Section B—Technical Qualifications, Experience & Approach Items (OVERVIEW ONLY above): <i>(maximum possible score = 5)</i>
PROGRAMS & SERVICE OFFERINGS		
	B.14.	Provide a narrative outlining identified additional assessments that are utilized to determine Offender eligibility and need for treatment-based services.
	B.15.	Provide a narrative detailing the training being provided to staff who are assigned/designated to administer identified assessments. Respondent must include all required and accepted licensure and certification.
	B.16.	Provide a narrative detailing the tracking and documentation process for all staff licensure(s) and certification(s) upon hire and for continuous employment.
	B.17.	Provide a narrative outlining the Respondents process to ensure quality assurance of the proposed/identified assessments being administered correctly.
	B.18.	Provide a narrative detailing how the Respondent shall comply with case management ratios for those Offenders who successfully complete their required treatment program but are considered non-probationable to be supervised directly by TDOC as referenced in RFGP Attachment 6.5. Pro Forma Contracts 1 & 2, Section A.15.d.
		SCORE (for Section B—Technical Qualifications, Experience & Approach Items (PROGRAMS & SERVICE OFFERINGS ONLY above): <i>(maximum possible score = 5)</i>
DAY REPORTING CENTERS		
	B.19.	Provide a narrative of all Evidence-Based programs and services to be offered to identified Offenders. The proposed narrative shall include a combination of rehabilitation, supervision, treatment, education, programming and re-entry services.
	B.20.	Provide a narrative detailing the licensed and credentialed staff identified to provide treatment services and programming. Licensed staff should possess a Master's Level degree and include at a minimum one of the following clinical designations: <ul style="list-style-type: none"> • LPC, MHSP • LCSW • LSPE • Psychologist Respondent shall provide a copy of all licensure as issued by Tennessee Health-Related

		Boards for all identified treatment staff.
	B.21.	Provide a sample schedule of all programs and service offerings. The schedule must include a minimum of nine (9) hours of alcohol and drug treatment per week.
	B.22.	Provide a narrative detailing outlining the process for review of Offender eligibility for service placement and list the designated positions or individuals that will oversee the review process as referenced in Section A.12.g of the Pro Forma contract.
	B.23.	Provide a narrative detailing the Respondent's criteria for exclusion of services.
	B.24.	Provide a narrative detailing staff to participant ratio. Officer to Offender supervision ratio cannot exceed more than fifty (50) active Offenders to one (1) Officer; and therapeutic sessions and services cannot exceed fifteen (15) Offenders to one (1) clinical provider.
	B.25.	Provide a detailed narrative detailing how participant success within the assigned program or service is measured, tracked and reported and must include phased supervision levels that include progressive benchmarks to proceed to the next phase. If assessments are utilized, provide a sample of all assessments and provide the details on how often the identified assessments are administered.
	B.26.	Provide a narrative detailing transportation service offerings available to assigned Offenders. Respondent shall include all public and private transportation options offered. <u>Respondent shall not include pricing for transportation options.</u>
	B.27.	Provide a detailed narrative describing how Offender non-compliance with treatment is addressed and documented.
	B.28.	Provide a sample curriculum being administered to Offenders assigned to the Day Reporting Center.
	B.29.	Provide a detailed narrative describing case management services provided to Offenders but not be limited to: housing, medical appointment management, aftercare planning and Behavioral Health Services.
	B.30.	Provide a detailed narrative describing the process and all identified subcontractors (if any) that are utilized or referred to in the event a participant presents with a medical condition or crisis. Respondent must include all telecommunication devices to be utilized to notify in the event of an identified medical condition or crisis.
	B.31.	Provide a narrative detailing how the Respondent shall comply with TDOC Inventory Control Measures.
SCORE (for Section B—Technical Qualifications, Experience & Approach Items (DAY REPORTING CENTERS ONLY above): <i>(maximum possible score = 15)</i>		
INTENSIVE OUTPATIENT TREATMENT (IOP)		
	B.32.	Provide a narrative detailing all Evidence-Based treatment modalities and programming to be offered to identified Offenders in accordance with TDMHSAS including but not limited to: Substance Use and recovery education, Relapse Prevention skill-building, decision-making skills, dangers of high-risk behavior, support system development, goal setting. Respondent must also provide the total number of Offenders the identified program can accommodate.
	B.33.	Provide a detailed narrative describing the prescribed treatment dosage of each identified treatment and how each identified treatment is structured and progress is tracked and measured.
	B.34.	Provide a narrative detailing the licensed and credentialed staff identified to provide treatment services and programming. Licensed staff possess a Master's Level degree and include at a minimum one of the following clinical designations: <ul style="list-style-type: none"> • LADAC • LPC • LSPE • LCSW • Psychologist Respondent shall provide a copy of all licensure as issued by Tennessee Health-Related

		Boards for all identified treatment staff.
	B.35.	Provide a detailed narrative describing how an Offender's treatment is determined.
	B.36.	Provide a sample schedule of all programs and service offerings. The schedule must include a minimum of nine (9) hours of alcohol and drug treatment per week.
	B.37.	Provide a narrative detailing how an Offender's eligibility will be determined and must include all assessments utilized to measure an Offender's eligibility which must include a Bio-Psycho-Social based assessment based on the Addiction Severity Index (ASI). Respondent must include a sample of all assessments utilized detail how the assessments are administered.
	B.38.	Provide a detailed narrative on how treatment services will be delivered to all identified Offenders both in-person and remotely. The delivery of remote based treatment services shall include but not be limited to the following details: identify the HIPAA compliant virtual platform and all related licensure and security details, the counseling options for both group and individual counseling, and provider participant ratio for both in-person and remote offerings.
	B.39.	Provide a detailed narrative detailing how an Offender's success within the assigned program or service is measured, tracked and reported. If assessments are utilized, Respondent must provide a sample of all assessments and provide the details on how often the identified assessments are administered.
	B.40.	Provide a detailed narrative describing how non-compliance with treatment is addressed and documented.
	B.41.	Provide a detailed narrative describing the process and all identified subcontractors (if any) that are utilized or referred to in the event a participant presents with a medical condition or crisis. Respondent must include all telecommunication devices to be utilized to notify in the event of an identified medical condition or crisis.
	B.42.	Provide a narrative detailing transportation service offerings available to assigned Offenders. Respondent shall include all public and private transportation options offered. <u>Respondent shall not include pricing for transportation options.</u>
	B.43.	Provide a detailed narrative describing case management services provided to Offenders but not be limited to: housing, medical appointment management, aftercare planning and Behavioral Health Services.
	B.44.	Provide a narrative detailing how the Respondent shall comply with TDOC Inventory Control Measures.
SCORE (for Section B—Technical Qualifications, Experience & Approach Items (<i>INTENSIVE OUTPATIENT TREATMENT ONLY</i> above): <i>(maximum possible score = 15)</i>		
RESIDENTIAL TREATMENT PROGRAM		
	B.45.	Provide a narrative detailing all Evidence-Based treatment modalities and programming to be offered to identified Offenders in accordance with TDMHSAS including but not limited to: Substance Use and recovery education, Relapse Prevention skill-building, decision-making skills, dangers of high-risk behavior, support system development, goal setting.
	B.46.	Provide a narrative detailing the licensed and credentialed staff identified to provide treatment services and programming. Licensed staff possess a Master's Level degree and include at a minimum one of the following clinical designations: <ul style="list-style-type: none"> • LADAC 2 • LPC, MHSP • LSPE • LCSW • Psychologist • Registered Dietitian (direct hire or contract) • M.D. or D.O. (direct hire or contract) Respondent shall provide a copy of all licensure as issued by Tennessee Health-Related Boards for all identified treatment staff.
	B.47.	Provide a detailed narrative describing the prescribed treatment dosage of each identified treatment and how each identified treatment is structured and progress is tracked and measured.

	B.48.	Provide a detailed narrative describing the following to include but not be limited to: Total number of participants the identified program can accommodate; male, female or co-ed program, treatment modalities being offered, treatment dosage and the progress structure.
	B.49.	Provide a sample schedule of all programs and service offerings.
	B.50.	Provide a detailed narrative describing case management services provided to Offenders but not be limited to: housing, medical appointment management, aftercare planning and Behavioral Health Services.
	B.51.	Provide a narrative detailing how an Offender's eligibility will be determined and must include all assessments utilized to measure an Offender's eligibility. Respondent must include a sample of all assessments utilized detail how the assessments are administered.
	B.52.	Provide a detailed narrative on how treatment services will be delivered to all identified Offenders both in-person and remotely. The delivery of remote based treatment services shall include but not be limited to the following details: identify the HIPAA compliant virtual platform and all related licensure and security details, the counseling options for both group and individual counseling, and provider participant ratio for both in-person and remote offerings.
	B.53.	Provide a detailed narrative detailing how an Offender's success within the assigned program or service is measured, tracked and reported. If assessments are utilized, Respondent must provide a sample of all assessments and provide the details on how often the identified assessments are administered.
	B.54.	Provide a detailed narrative describing how non-compliance with treatment is addressed and documented.
	B.55.	Provide a detailed narrative describing how medication will be stored, controlled, managed and administered to residents in accordance with TDOC Policy #113.71.
	B.56.	Provide a detailed narrative describing the process and all identified subcontractors (if any) that are utilized or referred to in the event a participant presents with a medical condition or crisis. Respondent must include all telecommunication devices to be utilized to notify in the event of an identified medical condition or crisis.
	B.57.	Provide a detailed narrative describing case management services provided to Offenders but not be limited to: housing, medical appointment management, aftercare planning and Behavioral Health Services.
	B.58.	Provide a narrative detailing how the Respondent shall comply with TDOC Inventory Control Measures.
		SCORE (for Section B—Technical Qualifications, Experience & Approach Items (RESIDENTIAL TREATMENT PROGRAM ONLY above): (maximum possible score =15)
SUPERVISION SERVICES		
	B.59.	Provide a narrative confirming the Respondent's understanding the provision of supervision services must only be offered in conjunction with one (1) or more of the identified Evidence-Based treatment-based options. Failure to offer an Evidence-Based treatment component in conjunction with a Respondent's proposal for supervision services shall result in a Respondent being non-responsive.
	B.60.	Provide a detailed narrative identifying the Respondent's sanction process. Provide a sample of the sanction process and all identified sanctions the Respondent utilizes.
	B.61.	Provide a detailed narrative describing the Evidence-Based research utilized to develop the identified sanction process and sanctions utilized that supports the proposed supervision practices utilized by the Respondent.
	B.62.	Provide a detailed narrative describing how non-compliance with supervision is addressed and documented.
	B.63.	Provide a detailed narrative describing case management services provided to Offenders but not be limited to: housing, medical appointment management, aftercare planning and Behavioral Health Services.
	B.64.	Provide a narrative detailing transportation service offerings available to assigned Offenders. Respondent shall include all public and private transportation options offered. <u>Respondent shall not include pricing for transportation options.</u>
	B.65.	Provide a detailed narrative on how supervision services will be delivered to all identified Offenders both in-person and remotely. The delivery of remote supervision services shall

		include but not limited to the following details: identify HIPPA compliant virtual platform and all related licensure and security details.
	B.66.	Provide a narrative detailing how the Respondent shall comply with TDOC Inventory Control Measures.
SCORE (for Section B—Technical Qualifications, Experience & Approach Items (<u>SUPERVISION SERVICES ONLY</u> above): <i>(maximum possible score = 15)</i>		
SCORE (for <u>all</u> Section B—Technical Qualifications, Experience & Approach Items): <i>(maximum possible score =70)</i>		
<i>State Use – Evaluator Identification:</i>		
<i>State Use – Solicitation Coordinator Signature, Printed Name & Date:</i>		

BUDGET EVALUATION GUIDE

Attachment 6.3 Budget. The Proposer must address all items (below) and provide, in sequence, the information and documentation as required (referenced with the associated item references). The Proposer must also detail the proposal page number for each item in the appropriate space below.

A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFGP Coordinator will multiply the Item Score by the associated Evaluation Factor (indicating the relative emphasis of the item in the overall evaluation). The resulting product will be the item's raw, weighted score for purposes of calculating the section score as indicated.

PROPOSER LEGAL ENTITY NAME:					
Proposal Page # (Proposer completes)	Item Ref.	Budget	Item Score	Evaluation Factor	Raw Weighted Score
	C.1.	Grant budget consists of two components: 1. Budget Summary 2. Budget Detail		20	
	C.2.	Grant Budget is submitted in the required format illustrated in Attachment 6.3.		5	
	C.3.	Grant Budget included a narrative of a justification for all costs (i.e. estimates or determination of the costs to operate the program) and including the basis for computation of these costs. Narrative must include amounts projected to be spent on subcontractors if county staff do not perform functions such as substance abuse treatment.		10	
	C.4.	The Budget narrative portion of the Budget Detail Worksheets detail the costs included in each applicable budget category and includes justification and explanation for how the item/service would benefit the grant program exclusively. Narrative must detail internal controls to insure that there will be no co-mingling of grantee funds.		35	
	C.5.	The Grant budget identified whether there is a State agency acting as cognizant agency under which the grantee has an indirect cost rate, and if so, the specified indirect cost rate.		10	
<i>The RFGP Coordinator will use this sum and the formula below to calculate the section score. All calculations will use and result in numbers rounded to two (2) places to the right of the decimal point.</i>			Total Raw Weighted Score: <i>(sum of Raw Weighted Scores above)</i>		
Total Raw Weighted Score			X 25 <i>(maximum possible score)</i>		= SCORE:
<hr style="width: 50%; margin: 0 auto;"/> Maximum Possible Raw Weighted Score <i>(i.e., 5 x the sum of item weights above)</i>					

PROPOSER LEGAL ENTITY NAME:					
Proposal Page # (Proposer completes)	Item Ref.	Budget	Item Score	Evaluation Factor	Raw Weighted Score
<i>State Use – Evaluator Identification:</i>					
<i>State Use – RFGP Coordinator Signature, Printed Name & Date:</i>					

GRANT BUDGET

Additional Identification Information As Necessary

The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following

Applicable Period: BEGIN: July 1, 2022

END: June 30, 2023

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1. 2	Salaries, Benefits & Taxes	0.00	0.00	0.00
4, 15	Professional Fee, Grant & Award ²	0.00	0.00	0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	0.00	0.00	0.00
11. 12	Travel, Conferences & Meetings	0.00	0.00	0.00
13	Interest ²	0.00	0.00	0.00
14	Insurance	0.00	0.00	0.00
16	Specific Assistance To Individuals	0.00	0.00	0.00
17	Depreciation ²	0.00	0.00	0.00
18	Other Non-Personnel ²	0.00	0.00	0.00
20	Capital Purchase ²	0.00	0.00	0.00
22	Indirect Budget	0.00	0.00	0.00
24	In-Kind Expense	0.00	0.00	0.00
25	GRAND TOTAL	0.00	0.00	0.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Budget Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at: <http://www.tn.gov/finance/topic/fa-policyinfo>).

² Applicable detail follows this page if line-item is funded.

GRANT BUDGET LINE-ITEM DETAIL:

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)	Amount
TOTAL	Amount

INTEREST	AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)	Amount
TOTAL	Amount

DEPRECIATION	AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)	Amount
TOTAL	Amount

OTHER NON-PERSONNEL	AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)	Amount
TOTAL	Amount

CAPITAL PURCHASE	AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)	Amount
TOTAL	Amount

SCORE SUMMARY MATRIX

	<i>RESPONDENT NAME</i>		<i>RESPONDENT NAME</i>		<i>RESPONDENT NAME</i>	
GENERAL QUALIFICATIONS & EXPERIENCE (maximum: 30)						
<i>EVALUATOR NAME</i>						
<i>EVALUATOR NAME</i>						
<i>REPEAT AS NECESSARY</i>						
	AVERAGE:		AVERAGE:		AVERAGE:	
TECHNICAL QUALIFICATIONS, EXPERIENCE & APPROACH (maximum: 70)						
<i>EVALUATOR NAME</i>						
<i>EVALUATOR NAME</i>						
<i>REPEAT AS NECESSARY</i>						
	AVERAGE:		AVERAGE:		AVERAGE:	
COST PROPOSAL (maximum: 25)	SCORE:		SCORE:		SCORE:	
TOTAL RESPONSE EVALUATION SCORE: (maximum: 125)						
<i>Solicitation Coordinator Signature, Printed Name & Date:</i>						

PRO FORMA CONTRACT # 1 (GG template for Governmental entities)

The *pro forma* contract detailed in following pages of this exhibit contains some “blanks” (signified by field descriptions in capital letters) that will be completed with appropriate information in the final contract resulting from the RFGP.

PRO FORMA CONTRACT
DRAFTED IN COMPLIANCE WITH CURRENT APPLICABLE MODEL POLICY

PRO FORMA CONTRACT # 2 (GR template for Non-Governmental entities)

The *pro forma* contract detailed in following pages of this exhibit contains some “blanks” (signified by field descriptions in capital letters) that will be completed with appropriate information in the final contract resulting from the RFGP.

PRO FORMA CONTRACT

DRAFTED IN COMPLIANCE WITH CURRENT APPLICABLE MODEL POLICY