Request for Statement of Qualifications and Applications for Licensed Therapists to Provide Short-Term Counseling Services

EXHIBIT B PART 1 – APPLICATION & THERAPIST QUESTIONNAIRE

Applicants are required to complete Exhibit B Part 1 and 2, SOQ/RFA No. CPS/056 Application & Therapist Questionnaire.

Instructions: Applicants must: 1) respond to all sections of the form 2) concisely include applicable, essential, and specific information 3) complete a separate Therapists Questionnaire for each therapist who will work through the agency 4) attach resume and license(s) for applicant and each therapist, if applicable.

PART 1: APPLICANT'S INFORMATION

Name of Applicant (Legal Entity)

Name of Parent Corporation (if applicable)

Address of Applicant (Street, City, Zip Code)

Applicant's Federal Tax Identification Number

Contact Person (Name, Title, Phone Number, E-mail Address)

AGENCIES ONLY: Name and title of person(s) authorized to sign for agency

Business type:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation

APPLICANT'S STATEMENTS

1. Number of years applicant has been in business under present business name:_____

2. List any prior names used by this business:_____

3. Numbers of years applicant has been licensed:_____

4. Number of years of experience applicant has had in providing required, equivalent, or related services:

_____

5. List contracts completed in last five years.

Year	Contracting Agency	Type of Service	Location	Amount

6. List contracts, or other commitments (e.g. consulting arrangements), currently active.

Year	Contracting Agency	Type of Service	Location	Amount

7. Provide details of any failure or refusal to complete a contract.

8. Has the individual/agency ever contracted with the Department of Child, Family and Adult Services (or the former Department of Health and Human Services) that has been terminated for cause?

Yes ☐ No ☐

If yes, list contract number and service(s) provided

9. If not a governmental agency, complete the following:

a. Does the agency hold a controlling interest in any other organization?

Yes ☐ No ☐

If yes, list organizations

b. Is the agency owned or controlled by any other person or organization?

Yes ☐ No ☐

If yes, list person(s) or organization(s):

c. Financial interest in any other business:

d. Name of persons with whom the applicant has been associated in business as partners or business associates in the last five years:

Name of Business Associate	Name of Business

10. Briefly describe any litigation involving the agency, or principal officers thereof, in connection with any contract.

List any commitments or potential commitments which may impact assets, line of credits, or guarantor letters, or otherwise affect the applicant's ability to perform the contract services.

11. Include a standard certificate of insurance showing current coverages. If current insurance coverage does not conform to the requirements of the attached insurance exhibit, do not obtain additional insurance until a contract is offered. Applicant must, however, provide written evidence, which must be in a form of a letter from an insurance broker or agent that the agency/individual will be able to have the required insurance in place before a contract is signed and services commence.

Certification

I certify that all statements in this Request for Statement of Qualifications and Applications for Licensed Therapists to Provide Short-Term Counseling Services, Exhibit B, Application & Therapist Questionnaire, are true. This certification constitutes a warranty, the falsity of which shall entitle Sacramento County DCFAS-CPS to pursue any remedy authorized by law which shall include the right, at the option of Sacramento County DCFAS-CPS, of declaring any contract made as a result hereof to be void. I agree to provide Sacramento County DCFAS-CPS with any other information Sacramento County DCFAS-CPS determines is necessary for the accurate determination of the agency's qualification to provide services.

I certify that _____ (Agency's/Individual's name) will comply with all requirements specified in this SOQ/RFA which are applicable to the services which we wish to provide. I agree to the right of the county, state, and federal government to audit _____ financial and other records. (Agency's/individual name)

_____
Signature of Applicant or Authorized Agent

_____
Date

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ATTACHMENT 1 – RELEASE OF INFORMATION LETTER SAMPLE

Release of Information Letter

Date:

To:

From:

Subject: **Release of Information to Sacramento County Department of Child, Family and Adult Services Child Support Services Division (DCFAS CPS)**

I am applying to become a contracted provider with Sacramento County DCFAS CPS. I hereby authorize all former employers to release any and all requested information to DCFAS CPS if they should be contacted for a reference. I release all former employers from any liability related to any information provided.

_____

Applicant's Signature