

REQUEST FOR MANAGEMENT QUALIFICATIONS (ABBREVIATED)

For each section listed below, please provide the required documentation, either by a brief narrative statement or by copies of the documents requested. If a consortium of organizations is applying, the requested documentation must be supplied for all parties in the joint application.

1. Power to Contract

Required Documentation:

- a. State the legal entity with which the County would contract
- b. Proof of current registration with the Oregon Secretary of State Corporate Division. (See attached copy of web page located at http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login)
- c. A copy of your organization's IRS letter indicating non-profit status
- d. Submit a current board list and include:
 - Names
 - Positions and terms
 - State how many directors are required to be present to establish a quorum to conduct business at board meetings
- e. IRS tax number
- f. Criminal History Check Assurance Form (attached)
- g. DUNS Number
- h. Agency Statement and Tax Compliance Certification (attached)
- i. Results of System for Award Management (SAM) search on DUNS Number (See attached copy of web page located at <http://www.sam.gov/>)
- j. Agency Total Annual Budget including percentage of annual funding received from Lane County
- k. Required Financial Statement:
 - Current Contractors: Audit and required supplemental information must have been submitted to Isler.
 - If not a current H&HS contractor, submit a copy of your current audit
 - If not a current H&HS contractor and no audit has been completed, submit a copy of a letter from a CPA indicating compliance with GAAP

IF TRANSMITTAL LETTER AND POWER TO CONTRACT DOCUMENTATION ARE NOT RECEIVED, FURTHER REVIEW WILL NOT BE DONE AND AGENCY WILL RECEIVE 0 POINTS ON THE MANAGEMENT QUALIFICATIONS.

2. Cultural & Linguistic Access – The respondent is expected to ensure equal access to services for clients that honors their cultural and/or language diversity.

Required Documentation: A description of your plan to provide services to people from culturally diverse backgrounds who may also be non-English speakers.

3. Compliance with Federal Mandates – The respondent must be in compliance with the American Disabilities Act and the Civil Rights Act, Section 504.

Required Documentation: A letter of assurance of compliance with the American Disabilities Act and the Civil Rights Act, Section 504 Title VI and Title VII.

4. Management Capability

- a. Management Structure. A respondent is expected to have a management structure and personnel sufficient to manage and support the proposed services.

Required Documentation:

- (1) Briefly describe the overall management structure of the organization. If there have been any significant changes in management structure or personnel in the last year, please describe these changes.

5. Fiscal Capability

- a. The respondent must have an accounting and financial management system which complies with generally accepted accounting principles, and is adequate to meet federal and state government requirements. The system must provide adequate documentation, monitoring, and reporting on the organization's financial position.

Required Documentation:

- (1) Briefly explain your accounting and financial management system, including internal controls, financial reports produced, budgeting process, segregation of funding streams, and fiscal duties, etc. If applicant is an agency currently funded by Health & Human Services please indicate so. The Isler review sheet for the most recent quarter will be reviewed. If applicant is not currently funded by Health & Human Services, submit the financial report, including balance sheet and income statement, which was most recently reviewed by the board.

CRITERIA FOR EVALUATION OF PROPOSALS

Each proposal will be evaluated according to the following set of criteria. The evaluation committee may use any material submitted in the proposal for any item in the evaluation process. The weight, or degree of importance, associated with each criterion is printed on the right side of the form. For each criterion, a scale of values ranging from 0 to 10 is provided, where 0 reflects failure with respect to the criterion and 10 denotes excellence. Each item will be scored, and the value will be multiplied by the weight for that criterion.

1. Power to Contract

Appropriate Documentation provided to show respondent is legally able to contract.

YES

NO

2. Cultural & Linguistic Access

Does Agency have a plan to ensure equal access to services for clients with language or cultural differences? Does agency have bilingual/bicultural staff? Are interpreters used?

0 1 2 3 4 5 6 7 8 9 10 X2= _____

Maximum number of points = 20

3. Compliance with Federal Mandates

Agency has indicated compliance with the ADA and Civil Rights Act, Section 504, Title VI and Title VII.

YES

NO

X1= _____

Maximum number of points = 10

4. Management Capability

How well does the proposal demonstrate a capacity to manage the program and to provide appropriate accountability for contract compliance? Does there appear to be a management structure in place to provide adequate oversight of the program?

0 1 2 3 4 5 6 7 8 9 10 X4= _____

Maximum number of points = 40

5. Fiscal Capability

Does proposer have accounting and financial management systems? Does proposer have process for bringing financial information to the board? Does financial report indicate deficit?

0 1 2 3 4 5 6 7 8 9 10 X3= _____

Maximum number of points = 30

Management Qualifications - Maximum Number of Points Available: 100.

Required to pass: 70% (70 points).

REVIEWER NAME _____

AGENCY REVIEWED _____

DATE _____

Attachments

1. Criminal History Check Assurance Form
2. Agency Statement and Tax Compliance Certification
3. Corporate Division Report
4. SAM Report

Criminal History Check Assurance

Date: _____

Agency: _____

I assure that all staff and volunteers used in any program receiving funding from the Department of Human Services (DHS), Oregon Health Authority (OHA), Oregon Youth Authority (OYA), Department of Education (DOE), Oregon Housing and Community Services (OHCS) or the Employment Division or is licensed by DHS, OHA, OYA, DOE or the Employment Division will complete a criminal history check per ORS 181A.195, 181A.200 or as otherwise required by State law and will not have unsupervised contact with clients prior to approval by DHS, OHA, OYA, DOE, OHCS or Employment Division.

This assurance is effective for the period July 1, 2019 through and including June 30, 2021.

Authorized Signature

Date

Typed Name and Title of Authorized Official



LANE COUNTY, OREGON

**AGENCY STATEMENT AND TAX COMPLIANCE CERTIFICATION
July 1, 2017 through June 30, 2019**

Agency Name: _____

By execution of this Form, the undersigned Agency acknowledges that its entire Management Qualifications submission is subject to Oregon Public Records Law (ORS 192.410–192.505), and may be disclosed in its entirety to any person or organization making a records request, except for such information as may be exempt from disclosure under the law. Agency agrees that all information included in this Management Qualifications submission that is claimed to be exempt from disclosure has been clearly identified in an itemization attached hereto. Agency further acknowledges its responsibility to defend and indemnify the County for any costs associated with establishing a claimed exemption.

Authorized signature

Date

Name of authorized signer

CERTIFICATION UNDER OATH REGARDING COMPLIANCE WITH OREGON TAX LAWS

By my signature below, I hereby attest or affirm under penalty of perjury: that I am authorized to act on behalf of the Agency in this matter that I have authority and knowledge regarding the payment of taxes by the Agency, and that Agency is, to the best of my knowledge, not in violation of any Oregon Tax Laws. For purposes of this certification, "Oregon Tax Laws" means a state tax imposed by ORS 320.005 to 320.150; ORS 403.200 to 403.250; ORS Chapters 118, 314, 316, 317, 318, 320, 321, 323 and the elderly rental assistance program under ORS 310.630 to 310.706, and any local taxes administered by the Department of Revenue under ORS 305.620.

Authorized signature

Federal Tax ID number

Name of authorized signer

Title

MEMO



To: Lane County Contractors
Fr: Debbie Heeszal
Sr. Program Services Coordinator

Date: 18 February, 2019

Re: Management Qualifications 2019-2021

As you are aware, contractors are required to have a current, approved management qualifications packet on file with Health and Human Services (H&HS) prior to contracting. We are once again giving you the opportunity to “pre-qualify” for the upcoming biennium. If your agency submits a management qualification packet through this process and passes with an average of at least 70 percent, you will not need to submit management qualifications as part of any H&HS request for proposal process. If you chose not to become “pre-qualified” or do not pass the management qualifications section during this process, you may still respond to any H&HS RFP and submit a management qualifications packet as part of that process.

If you are interested in becoming “pre-qualified” as part of this process, please submit your complete management qualifications packets by **1:00pm on Friday, March 22nd**. Please submit your management qualifications packet electronically to lchsmg@co.lane.or.us. **Please submit your management qualifications packet as a single PDF.**

Please read each question carefully, there have been changes made to some of the questions since the last management qualifications packet was released.

We ask that you please organize your packets to make the information easily accessible to the reviewer. If information is contained in appendices, please note which appendix contains the information and label the appendices.

Please feel free to contact Debbie Heeszal at Debbie.Heeszal@co.lane.or.us or Dehui Uribe at Dehui.Uribe@co.lane.or.us if you have any questions regarding this process.

cc: Collette Christian
Amy Cecchini
Robin Scott
Jonathan Mattingly

Management Qualifications Requirements 2019/2021

To be completed only by agencies who do not have a Management Qualifications Requirement package approved for the 2019/2021 biennium from the Lane County Department of Health & Human Services.

General Instructions for Submission

- I. Each Management Qualifications Requirement package must provide a concise description of the agency's ability to meet the management requirements of the County, with an emphasis on completeness and clarity of content.
- II. Responses shall consist of the information listed below. Please provide all required documentation, either by a brief narrative statement or by means of copies of the documents requested.
- III. In your response, please follow the sequence of questions or documentation requested. Clearly label your responses so that they correspond to the question being answered. Restate the question or use the same numbering and lettering in your response as in this document.
- IV. Please submit your management qualifications electronically by e-mailing your completed management qualifications packet, in a single PDF file, to lschmq@co.lane.or.us

1. Power to Contract

Required Documentation:

- a. State the legal entity with which the County would contract
- b. Proof of current registration with the Oregon Secretary of State Corporate Division. If your organization is not an Oregon Corporation, please provide proof of current registration with the state in which the organization is incorporated. (See attached copy of web page located at http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login)
- c. A copy of your organization's IRS letter indicating non-profit status
- d. Submit a current board list and include:
 - Names
 - Board positions (if applicable) and current terms (mo/yr), including term expiration date of board members
 - State how many directors/board members are required to be present to establish a quorum to conduct business at board meetings
- e. IRS tax number

- f. DUNS number
- g. Criminal History Check Assurance Form (attached)
- h. Agency Statement and Tax Compliance Certification (attached)
- i. Results of System for Award Management (SAM) search on DUNS Number (See attached copy of web page located at <https://www.sam.gov>)
- j. Agency Total Annual Budget including percentage of annual funding received from Lane County.
- k. Required Financial Statement:
 - Current Contractors: Audit and required supplemental information must have been submitted to Isler.
 - If not a current H&HS contractor, submit a copy of your current audit
 - If not a current H&HS contractor and no audit has been completed, submit a copy of a letter from a CPA indicating compliance with GAAP.

IF POWER TO CONTRACT DOCUMENTATION IS NOT RECEIVED, THERE WILL BE NO FURTHER REVIEW AND AGENCY WILL RECEIVE ZERO (0) POINTS ON THE MANAGEMENT QUALIFICATIONS.

2. Agency Access

- a. Cultural & Linguistic Access – The respondent is expected to ensure equal access to services for clients that honors their cultural and/or language diversity.

Required Documentation:

- A description of your plan to provide services to people from culturally diverse backgrounds who may also be non-English speakers.
- A description of how diverse clients are encouraged to access services.
- A description of how your staff and Board of Directors reflect the diversity of the community and how your organization trains staff/board members/volunteers in diversity issues.

- b. Compliance with Federal Mandates – The respondent must be in compliance with the American Disabilities Act and the Civil Rights Act, Section 504, Title VI and Title VII.

Required Documentation: **A letter of assurance of compliance with the American Disabilities Act and the Civil Rights Act, Section 504, Title VI and Title VII.**

- c. Consumer Participation. A respondent will ensure consumer participation in the agency.

Required Documentation:

- A description of how consumers are able to provide input into the decision- making process of the organization.
- A description of the areas in which consumer participation is sought and how it is sought.
- A description of consumer representation on the Board, including how recruitment is undertaken and if any consumers have been added to the board as a result of this recruitment process.

3. Management Capability

- a. Management Structure. A respondent is expected to have a management structure and personnel sufficient to manage and support the proposed services.

Required Documentation:

- (1) Briefly describe the overall management structure of the organization and of each program anticipated to receive funding from Lane County. If there have been any significant changes in management structure or personnel in the last year, please describe these changes.
- (2) An organizational chart which includes all staff for programs anticipated to receive funding from Lane County that demonstrates how the program(s) would relate to the rest of the organization. Use staff names as well as position titles.

(3) Job descriptions, including qualifications of the program(s) and agency's key management and fiscal personnel. Include resumes of staff in those positions. (Please indicate which resumes apply to which job descriptions.)

- b. Personnel Policies and Procedures. A respondent must have personnel policies and procedures that are in compliance with applicable state and federal administrative rules including those outlined in OAR chapter 839 – Bureau of Labor and Industries and in compliance with state and federal rules governing conflict of interest, including 24 CFR 583.330(e) and 24 CFR 85.36(b)(3).

Required Documentation: **A letter indicating that the organization's personnel policies and procedures are in compliance with applicable state and federal administrative rules, including those outlined in OAR chapter 839 – Bureau of Labor and Industries; and in compliance with state and federal rules governing conflict of interest, including 24 CFR 583.330(e) and 24 CFR 85.36(b)(3).**

4. Fiscal Capability

The respondent must have an accounting and financial management system which complies with generally accepted accounting principles, and is adequate to meet federal and state government requirements. The system must provide adequate documentation, monitoring, and reporting on the organization's financial position.

Required Documentation:

- (1) Briefly explain your accounting and financial management system, including internal controls, financial reports produced, budgeting process, segregation of funding streams, and fiscal duties, etc. If applicant is an agency currently funded by Health & Human Services, please so indicate. The Isler review sheet for the most recent quarter will be reviewed. If applicant is not currently funded by Health & Human Services, submit the financial report, including balance sheet and income statement, which was most recently reviewed by the board.
- (2) Audit Review:
- a. If applicant is an agency currently funded by Health & Human Services we will review the current audit and supplemental information submitted to Isler.
- b. If applicant is not currently funded by Health & Human Services, submit a copy of the agency's most recently completed independent financial audit. Include copies of the management letter from that audit. If there are any conditions mentioned in the management letter, please describe how the agency has addressed those conditions.

- c. If the applicant has not contracted with Health & Human services and has not had an audit or a financial statement performed, submit a letter from an independent CPA verifying that the accounting and financial system to be used complies with generally accepted accounting principles, and is adequate to meet federal and state government requirements.

5. Additional Requested Information

The following information will not be scored and is being gathered for informational purposes.

- (1) Please provide your organization's P&P on fraud, waste and abuse.
- (2) Please indicate if your organization receives federal funds. If so please provide your organization's federal exclusion P&P.

CRITERIA FOR EVALUATION OF MANAGEMENT QUALIFICATIONS

Each MQ packet will be evaluated according to the following set of criteria. The evaluation committee may use any material submitted in the proposal for any item in the evaluation process and may use other documents on file. The weight or degree of importance, associated with each criterion is printed on the right side of the form. For each criterion, a scale of values ranging from 0 to 10 is provided, where 0 reflects failure with respect to the criterion and 10 denotes excellence. Each item will be scored, and the value will be multiplied by the weight for that criterion. An averaged score of at least 70 percent of the available points in the Management Qualifications section must be attained in order to pass the Management Qualifications section.

Three members of the evaluation committee will review your responses and score them based on the criteria described in this document. Committee members will individually assign a score to each section. Total scores will be calculated by summing the scores assigned by each rater and dividing to get an average total score.

Management Qualifications Section

1. Power to Contract Appropriate documentation provided to show applicant is legally able to contract. Yes No

IF POWER TO CONTRACT DOCUMENTATION IS NOT RECEIVED, FURTHER REVIEW WILL NOT BE DONE AND AGENCY WILL RECEIVE ZERO (0) POINTS ON THE MANAGEMENT QUALIFICATION.

2. Agency Access

- a. Does applicant have plan in place to ensure equal access to services for clients from diverse cultures, including those clients who may not speak or read English? Does applicant have employees on staff to meet the cultural or language needs of all clients? Does applicant have agreements with other agencies for service provision to clients with diverse cultural and/or language needs? Do the staff and Board of Directors reflect the diversity within the community? Does applicant describe plan for diversity training for staff/board/ volunteers.

0 1 2 3 4 5 6 7 8 9 10

Maximum number of points = 10

X1 = _____

- b. Applicant has indicated compliance with the ADA and Civil Rights Act, Section 504, Title VI and Title VII.

Yes (10 pts) No (0 pts)

Maximum number of points = 10

X1= _____

- c. Does applicant ensure consumer participation in the agency? Is consumer input requested and used in decision- making processes? Has applicant recruited consumers for board positions? Do consumers sit on the board of directors or is reason given for not having consumers on the board?

0 1 2 3 4 5 6 7 8 9 10

Maximum number of points = 10

X1= _____

3a. Management Capability - Management Structure

How well does applicant demonstrate a capacity to manage the program and to provide appropriate accountability for contract compliance? Does there appear to be a management structure in place to provide adequate oversight of the program? Do the job descriptions appear to line up with the organizational chart? Do staff have experience in their job duties? If applicable, do staff have licenses or credentials necessary to perform job duties?

0 1 2 3 4 5 6 7 8 9 10

Maximum number of points = 30

X3 _____

3b. Management Capability - Personnel Policies and Procedures

Does applicant indicate personnel policies are in compliance with applicable state and federal rules including those outlined in OAR chapter 839 – Bureau of Labor and Industries; and in compliance with state and federal rules governing conflict of interest, including 24 CFR 583.330(e) and 24 CFR 85.36(b)(3).?

Yes (10 pts) No (0 pts)

Maximum number of points = 10

X1= _____

4a. Fiscal Capability

Does applicant have accounting and financial management systems? Does applicant have a cash handling procedure if cash is received? Does applicant have segregation of fiscal duties? If applicant has more than one funding stream, does applicant have a cost allocation plan? Does applicant have a budget development process? Does applicant have a process for bringing financial information to the board? Does the financial report indicate deficit?

0 1 2 3 4 5 6 7 8 9 10

Maximum number of points = 30

X3 = _____

4b. Audit Findings

Did the audit indicate a material weakness?

Material Weakness (-5 pts) No Material Weakness (0 pts)

Maximum number of points = 0

X1 = _____

OR

If this is an organization which has not previously contracted with Lane County, was a letter from a CPA included verifying that the accounting and financial systems comply with GAAP?

No Letter Submitted (-5 pts) Letter Submitted (0 pts)

Maximum number of points = 0

X1= _____

Total: _____

REVIEWER NAME _____

AGENCY REVIEWED _____ DATE _____

Total Points Available: 100 - Average of Points needed to pass: 70

Attachments

1. Criminal History Check Assurance Form
2. Agency Statement and Tax Compliance Certification
3. Corporate Division Report
4. SAM Report

Criminal History Check Assurance

Date: _____

Agency: _____

I assure that all staff and volunteers used in any program receiving funding from the Department of Human Services (DHS), Oregon Health Authority (OHA), Oregon Youth Authority (OYA), Department of Education (DOE), Oregon Housing and Community Services (OHCS) or the Employment Division or is licensed by DHS, OHA, OYA, DOE or the Employment Division will complete a criminal history check per ORS 181A.195, 181A.200 or as otherwise required by State law and will not have unsupervised contact with clients prior to approval by DHS, OHA, OYA, DOE, OHCS or Employment Division.

This assurance is effective for the period July 1, 2019 through and including June 30, 2021.

Authorized Signature

Date

Typed Name and Title of Authorized Official



LANE COUNTY, OREGON

**AGENCY STATEMENT AND TAX COMPLIANCE CERTIFICATION
July 1, 2019 through June 30, 2021**

Agency Name: _____

By execution of this Form, the undersigned Agency acknowledges that its entire Management Qualifications submission is subject to Oregon Public Records Law (ORS 192.410–192.505), and may be disclosed in its entirety to any person or organization making a records request, except for such information as may be exempt from disclosure under the law. Agency agrees that all information included in this Management Qualifications submission that is claimed to be exempt from disclosure has been clearly identified in an itemization attached hereto. Agency further acknowledges its responsibility to defend and indemnify the County for any costs associated with establishing a claimed exemption.

Authorized signature

Date

Name of authorized signer

CERTIFICATION UNDER OATH REGARDING COMPLIANCE WITH OREGON TAX LAWS

By my signature below, I hereby attest or affirm under penalty of perjury: that I am authorized to act on behalf of the Agency in this matter that I have authority and knowledge regarding the payment of taxes by the Agency, and that Agency is, to the best of my knowledge, not in violation of any Oregon Tax Laws. For purposes of this certification, "Oregon Tax Laws" means a state tax imposed by ORS 320.005 to 320.150; ORS 403.200 to 403.250; ORS Chapters 118, 314, 316, 317, 318, 320, 321, 323 and the elderly rental assistance program under ORS 310.630 to 310.706, and any local taxes administered by the Department of Revenue under ORS 305.620.

Authorized signature

Federal Tax ID number

Name of authorized signer

Title

- ⚠️ ALERT - There may be a delay in data updates between the Small Business Administration (SBA) and SAM. If you notice any issues with your entity's SBA status or trouble on the SBA Supplemental page, please contact the Federal Service Desk.
- ⚠️ ALERT - Direct hyperlinks to the Federal Acquisition Regulation (FAR) are not working due to Acquisition.gov maintenance. SAM.gov will restore all hyperlinks as soon as the FAR is restored on Acquisition.gov.

Entity Dashboard

Lane, County of
DUNS: 047770052 CAGE Code: 6DUP3
Status: Active
Expiration Date: 09/24/2019
Purpose of Registration: Federal Assistance Awards Only

144 S Lane St
Dighton, KS, 67839,
UNITED STATES

- Entity Overview
- Entity Registration
 - Core Data
 - Assertions
 - Reps & Certs
 - POCs
- Exclusions
 - Active Exclusions
 - Inactive Exclusions
 - Excluded Family Members

Entity Overview

Entity Registration Summary

Name: Lane, County of
Business Type: US Local Government
Last Updated By: Stephanie Terhune
Registration Status: Active
Activation Date: 09/24/2018
Expiration Date: 09/24/2019

Exclusion Summary

Active Exclusion Records? No

RETURN TO SEARCH

Business Name Search

New Search		Printer Friendly		Business Entity Data			01-26-2017 13:53
Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?	
805914-99	ABN	ACT		10-11-2011	10-11-2017		
Entity Name		EUGENE FIP					
Foreign Name							
Affidavit?		N					

Status should be Active

Renewal Date should be in the future

New Search		Printer Friendly		Associated Names			
Type	PPB	PRINCIPAL PLACE OF BUSINESS					
Addr 1	225 FIFTH ST						
Addr 2							
CSZ	SPRINGFIELD	OR	97477	Country	UNITED STATES OF AMERICA		

The Authorized Representative address is the mailing address for this business.

Type	REP	AUTHORIZED REPRESENTATIVE		Start Date	10-11-2011	Resign Date
Name	BRIAN	EVANOFF				
Addr 1	225 FIFTH ST					
Addr 2						
CSZ	SPRINGFIELD	OR	97477	Country	UNITED STATES OF AMERICA	

Type	REG	REGISTRANT	
Not of Record	CITY OF EUGENE, A MUNICIPAL		