

## MEMO



To: Lane County Contractors  
Fr: Debbie Heeszal  
Sr. Program Services Coordinator  
Date: 27 February, 2009  
Re: Management Qualifications

As you are aware, contractors are required to have a current, approved management qualifications packet on file with Health and Human Services (H&HS) and Children and Families (DCF) 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 at least 70 percent, you will not need to submit management qualifications as part of any H&HS or DCF 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 or DCF 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 **three** complete management qualifications packets to me by **5:00pm on Friday, March 27<sup>TH</sup>, 2009**.

Please note that we are still requiring documentation of your most current annual report submitted to the State. The management qualification request packet includes a copy of the report as well as the web address where you can access this information. On the attached copy, the last section of the report indicates that the annual report payment is current. That is what we will be looking for as part of your application packet.

**Please note that you are required to submit a single copy of #1 Power to Contract supporting documentation and three copies of the remainder of the application – #2 Agency Access, #3 Management Capability, and #4 Fiscal Capability.**

Regarding Paragraph #3b Personnel Policies and Procedures: Please do not submit the entire P&P manual for your organization. A letter indicating that your organization is in compliance with applicable state and federal administrative rules will suffice.

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 do not bind your management qualification submission, instead just clip or staple the packet.

Please feel free to call me at 682-7405 if you have any questions regarding this process. If you would like to receive this packet electronically in the future, please include a note with your email address indicating your preference with your current packet.

Cc: Lyn Oliver  
Mary Ellen Bennett  
Peg Jennette  
Marcia Johnson  
Collette Christian  
Christine Rogers

## **Management Qualifications Requirements 2009/2011**

To be completed only by agencies who do not have a Management Qualifications Requirement package approved for the 2009/2011 biennium from the Lane County Departments of Health & Human Services or Children and Families.

### **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 contents.
- II. Responses shall consist of the information listed below. Please provide all required documentation, either by a brief narrative statement or by 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 do not bind your response.
- V. Submit one original only of your response to Paragraph #1 Power to Contract. Submit one original and two copies of your responses to #2 Agency Access, #3 Management Capability, and #4 Fiscal Capability.

If a consortium of organizations is applying, the requested documentation must be supplied for all parties in the joint application.

#### 1. Power to Contract (One original only)

Required Documentation:

- a. State the legal entity with which the County would contract
- b. Articles of Incorporation (if not applicable, please indicate why)
- c. By-laws (if not applicable, please indicate why)
- d. Most current Annual Report Form and receipt. (See attached copy of web page located at <http://www.filinginoregon.com/index.htm>)
- e. 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
- f. IRS tax number
- g. Criminal History Check Assurance Form (attached)

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

2. Agency Access (One original and two copies)

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

Required Documentation: A plan to provide services to people from culturally diverse backgrounds who may also be non-English speakers. This could be through direct service, agency linkages or referrals.

- b. 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.

- c. Consumer Participation. A respondent is expected to encourage 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 including areas in which consumer participation is sought and how it is sought. If consumers are recruited for the board, state how recruitment is done and if any consumers have been added to the board as a result of this recruitment.

3. Management Capability (One original and two copies)

- 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.
- (2) An organizational chart which includes all staff for this program and shows how the program would relate to the rest of the organization. Use staff names as well as position titles.
- (3) Job descriptions, including qualifications of the program and agency's key management and fiscal personnel. Include resumes of staff in those positions. (Please indicate which resumes go with 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.

Required Documentation: A letter indicating that the organization is in compliance with applicable state and federal administrative rules.

4. Fiscal Capability (One original and two copies)

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 or Department of Children and Families, 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 or Department of Children and Families, submit the financial report, including balance sheet and income statement, which was most recently reviewed by the board.
- (2) Audit Review: Please submit one of the following:
  - a. If applicant is an agency currently funded by Health & Human Services or Department of Children and Families and has already submitted a copy of the most recent audit to Isler, submit a letter indicating so. We will review the audit review sheet developed by Isler to determine if applicant audit has indicated a material weakness.
  - b. If applicant is not currently funded by Health & Human Services or the Department of Children and Families, or applicant has not yet submitted agency's most recent audit to Isler, 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 is a new organization 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.

## 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 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. A 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 attempt 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?

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.

Yes (10 pts )      No (0 pts)

*Maximum number of points = 10*

X1 = \_\_\_\_\_

- c. Does applicant encourage 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?

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 compliance with applicable state and federal rules?

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 a new organization, 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 \_\_\_\_\_

## **Attachments**

1. Criminal History Check Assurance Form
2. Corporate Division 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) or the Employment Division or is licensed by DHS or the Employment Division will complete a criminal history check per ORS 181.536 through 181.537 and will not have unsupervised contact with clients prior to approval by the Department of Human Services or Employment Division. This assurance is effective for the period July 1, 2009 through and including June 30, 2011.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title of Authorized Official

## Business Name Search

[New Search](#)      [Printer Friendly](#)      **Business Entity Data**      01-22-2007 13:32

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Duration Date	Renewal Date
	DLLC	ACT	OREGON	05-17-2002		

Entity Name

Foreign Name

[New Search](#)      [Printer Friendly](#)      **Associated Names**

Type	PRINCIPAL PLACE OF BUSINESS					
PPB						
Addr 1						
Addr 2						
CSZ	LAFAYETTE	OR	97127	Country	UNITED STATES OF AMERICA	

Type	MAILING ADDRESS					
MAL						
Addr 1						
Addr 2						
CSZ	LAFAYETTE	OR	97127	Country	UNITED STATES OF AMERICA	

[New Search](#)      [Printer Friendly](#)      **Name History**

Business Entity Name				Name Type	Name Status	Start Date	End Date
				EN	CUR	05-17-2002	

Please read before ordering Copies.

[New Search](#)      [Printer Friendly](#)      **Summary History**

Image Date	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
04-28-2006	ANNUAL REPORT PAYMENT	04-28-2006		SYS		
04-28-2005	ANNUAL REPORT PAYMENT	04-28-2005		SYS		
04-09-2004	ANNUAL REPORT PAYMENT	04-09-2004		SYS		