

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: Centers for Youth & Families

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <input checked="" type="checkbox"/>	Fail _____
Receipt of original and required copies of the entire proposal: 1 original copy 1 electronic copy	Pass <input checked="" type="checkbox"/>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Fail _____
EO 98-04 Disclosure Form signed	Pass <input checked="" type="checkbox"/>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation: Yes  No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: Compact

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <input checked="" type="checkbox"/>	Fail _____
Receipt of original and required copies of the entire proposal:  1 original copy 1 electronic copy	Pass <input checked="" type="checkbox"/>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Fail _____
EO 98-04 Disclosure Form signed	Pass <input checked="" type="checkbox"/>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation:      Yes       No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: Consolidated Youth Services

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <input checked="" type="checkbox"/>	Fail _____
Receipt of original and required copies of the entire proposal: 1 original copy 1 electronic copy	Pass <input checked="" type="checkbox"/>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Fail _____
EO 98-04 Disclosure Form signed	Pass <input checked="" type="checkbox"/>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation: Yes  No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: Garise SA Counseling Associates

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <input checked="" type="checkbox"/>	Fail _____
Receipt of original and required copies of the entire proposal: 1 original copy 1 electronic copy	Pass <input checked="" type="checkbox"/>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Fail _____
EO 98-04 Disclosure Form signed	Pass <input checked="" type="checkbox"/>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation:      Yes       No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: East Arkansas Youth Services

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <input checked="" type="checkbox"/>	Fail _____
Receipt of original and required copies of the entire proposal: 1 original copy 1 electronic copy	Pass <input checked="" type="checkbox"/>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Fail _____
EO 98-04 Disclosure Form signed	Pass <input checked="" type="checkbox"/>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation:      Yes       No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: Free Will Baptist Ministries

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <input checked="" type="checkbox"/>	Fail _____
Receipt of original and required copies of the entire proposal: 1 original copy 1 electronic copy	Pass <input checked="" type="checkbox"/>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Fail _____
EO 98-04 Disclosure Form signed	Pass <input checked="" type="checkbox"/>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation:      Yes       No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: FT Smith Children's Emergency Ctr

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <input checked="" type="checkbox"/>	Fail _____
Receipt of original and required copies of the entire proposal: 1 original copy 1 electronic copy	Pass <input checked="" type="checkbox"/>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Fail _____
EO 98-04 Disclosure Form signed	Pass <input checked="" type="checkbox"/>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation: Yes  No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: Monroe County Task Force on Child Abuse

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <u>✓</u>	Fail _____
Receipt of original and required copies of the entire proposal: 1 original copy 1 electronic copy	Pass <u>✓</u>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <u>✓</u>	Fail _____
EO 98-04 Disclosure Form signed	Pass <u>✓</u>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation: Yes ✓ No \_\_\_\_\_



**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: Quachita Children's Ctr, INC.

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <input checked="" type="checkbox"/>	Fail _____
Receipt of original and required copies of the entire proposal: 1 original copy 1 electronic copy	Pass <input checked="" type="checkbox"/>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Fail _____
EO 98-04 Disclosure Form signed	Pass <input checked="" type="checkbox"/>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation:      Yes       No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: Piney Ridge Treatment Center, LLC

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <input checked="" type="checkbox"/>	Fail _____
Receipt of original and required copies of the entire proposal: 1 original copy 1 electronic copy	Pass <input checked="" type="checkbox"/>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Fail _____
EO 98-04 Disclosure Form signed	Pass <input checked="" type="checkbox"/>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation:      Yes       No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: The Boys Shelter

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <input checked="" type="checkbox"/>	Fail _____
Receipt of original and required copies of the entire proposal:  1 original copy 1 electronic copy <i>not included</i>	Pass _____	Fail <input checked="" type="checkbox"/>
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/>	Fail _____
EO 98-04 Disclosure Form signed	Pass <input checked="" type="checkbox"/>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation:      Yes \_\_\_\_\_      No

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: United Methodist Children's Home

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <u>✓</u>	Fail _____
Receipt of original and required copies of the entire proposal: 1 original copy 1 electronic copy	Pass <u>✓</u>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <u>✓</u>	Fail _____
EO 98-04 Disclosure Form signed	Pass <u>✓</u>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation:      Yes ✓      No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: Vera Lloyd Presbyterian Family Services

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <u>✓</u>	Fail _____
Receipt of original and required copies of the entire proposal: 1 original copy 1 electronic copy	Pass <u>✓</u>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <u>✓</u>	Fail _____
EO 98-04 Disclosure Form signed	Pass <u>✓</u>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation:      Yes ✓      No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: Western AB Counseling & Guidance Ctr

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <u>✓</u>	Fail _____
Receipt of original and required copies of the entire proposal: 1 original copy 1 electronic copy	Pass <u>✓</u>	Fail _____
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EO 98-04 Disclosure Form signed	Pass <u>✓</u>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation:      Yes ✓      No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: Youth Bridge

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <u>✓</u>	Fail _____
Receipt of original and required copies of the entire proposal:  1 original copy 1 electronic copy	Pass <u>✓</u>	Fail _____
Signature pages signed  1) Signature Page signed by person authorized to legally bind the respondent. <input type="checkbox"/> 2) Vendor Agreement and Compliance Section 1 signed <input type="checkbox"/> 3) Vendor Agreement & Compliance Section 2 signed <input type="checkbox"/> 4) Vendor Agreement & Compliance Section 3,4,5 signed <input type="checkbox"/> 5) Proposed Subcontractors Form signed <input type="checkbox"/>	Pass <u>✓</u>	Fail _____
EO 98-04 Disclosure Form signed	Pass <u>✓</u>	Fail _____

Provide brief explanation of any failed item(s):

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Send proposal for Phase 2 evaluation:      Yes ✓      No \_\_\_\_\_

**SUBMISSION REQUIREMENTS SHEET**

RFQ # and Name: 710-19-1025 QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP)

Respondent: Youth Home

Name of Reviewer: \_\_\_\_\_

Date of Review: 4/8/2019

Proposal received no later than required date and time	Pass <input checked="" type="checkbox"/>	Fail _____
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EO 98-04 Disclosure Form signed	Pass <input checked="" type="checkbox"/>	Fail _____

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Send proposal for Phase 2 evaluation:      Yes       No \_\_\_\_\_