

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: Centers for Youth + Families

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):

Send proposal for Phase 2 evaluation: Yes ✓ No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: CET of Arkansas LLC

Name of Reviewer: _____

Date of Review: 4/8/2019

| | | |
|---|---------------|------------|
| Proposal received no later than required date and time | Pass <u>✓</u> | Fail _____ |
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| 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):

Send proposal for Phase 2 evaluation: Yes ✓ No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: Community Services, Inc.

Name of Reviewer: _____

Date of Review: 4/8/2019

| | | |
|---|---------------|------------|
| Proposal received no later than required date and time | Pass <u>✓</u> | Fail _____ |
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| 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):

Send proposal for Phase 2 evaluation: Yes ✓ No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: Connections Behavioral Health powered by Friendship Community CARE

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):

Send proposal for Phase 2 evaluation: Yes No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: Counseling and Educational Center

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 _____ |
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| EO 98-04 Disclosure Form signed | Pass <input checked="" type="checkbox"/> | Fail _____ |

Provide brief explanation of any failed item(s):

Send proposal for Phase 2 evaluation: Yes No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: Counseling Associates

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):

Send proposal for Phase 2 evaluation: Yes ✓ No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: Dawa's House, 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 _____ |
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| EO 98-04 Disclosure Form signed | Pass <input checked="" type="checkbox"/> | Fail _____ |

Provide brief explanation of any failed item(s):

Send proposal for Phase 2 evaluation: Yes No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: Meritaw, Inc.

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):

Send proposal for Phase 2 evaluation: Yes ✓ No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: North east Arkansas Community Health Center
dba MidSouth Health Systems, Inc.

Name of Reviewer: _____

Date of Review: 4/8/2019

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

Provide brief explanation of any failed item(s):

Send proposal for Phase 2 evaluation: Yes ✓ No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: Ozark Guidance Center, Inc.

Name of Reviewer: _____

Date of Review: 4/8/2019

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

Provide brief explanation of any failed item(s):

Send proposal for Phase 2 evaluation: Yes ✓ No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)
 Respondent: 2 Second Chance Youth Ranch
 Name of Reviewer: _____
 Date of Review: 4/8/2019

| | | |
|---|---------------|------------|
| Proposal received no later than required date and time | 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):

Send proposal for Phase 2 evaluation: Yes ✓ No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: Southwest Arkansas Counseling and Mental Health Center

Name of Reviewer: _____

Date of Review: 4/8/2019

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

Provide brief explanation of any failed item(s):

Send proposal for Phase 2 evaluation: Yes ✓ No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: Treatment Homes, 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 _____ |
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| EO 98-04 Disclosure Form signed | Pass <input checked="" type="checkbox"/> | Fail _____ |

Provide brief explanation of any failed item(s):

Send proposal for Phase 2 evaluation: Yes No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)

Respondent: Western Arkansas Counseling and Guidance Center

Name of Reviewer: _____

Date of Review: 4/8/2019

| | | |
|---|---------------|------------|
| Proposal received no later than required date and time | 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):

Send proposal for Phase 2 evaluation: Yes ✓ No _____

SUBMISSION REQUIREMENTS SHEET

RFQ # and Name: 710-19-1027 THERAPEUTIC FOSTER CARE (TFC)
 Respondent: Youth Bridge, Inc.
 Name of Reviewer: _____
 Date of Review: 4/8/2019

| | | |
|---|---------------|------------|
| Proposal received no later than required date and time | 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):

Send proposal for Phase 2 evaluation: Yes ✓ No _____