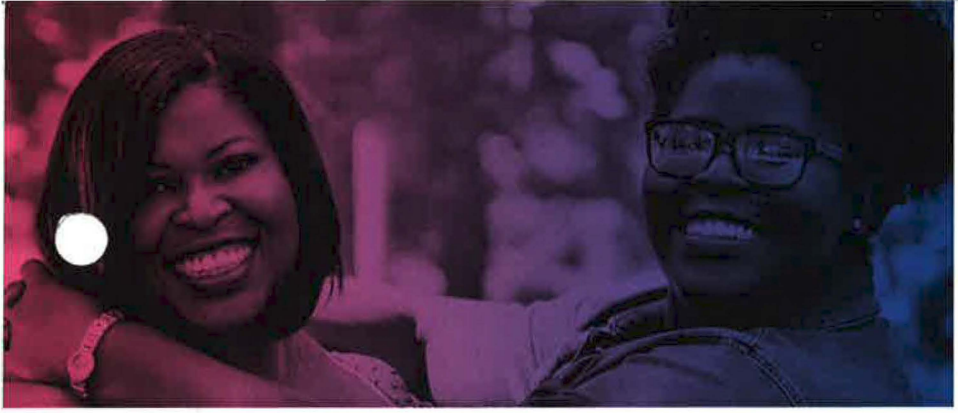

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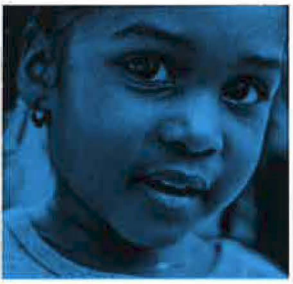
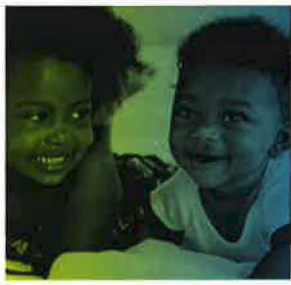


PromiseShip℠

helping families be families



Cost Proposal

Responding to RFP 5995-Z1
for Full Service Case Management

TAB 1: LEAD DOCUMENTS & FINANCIALS

Form A
Bidder Contact Sheet
Request for Proposal Number 5995 Z1

Form A should be completed and submitted with each response to this RFP. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	PromiseShip
Bidder Address:	2110 Papillion Parkway Omaha, NE 68164
Contact Person & Title:	Dave P. Newell, President & CEO
E-mail Address:	david.newell@promiseship.org
Telephone Number (Office):	(402) 445-7926
Telephone Number (Cellular):	(402) 982-9613
Fax Number:	(402) 445-7998

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	PromiseShip
Bidder Address:	2110 Papillion Parkway Omaha, NE 68164
Contact Person & Title:	Jaimie Anderson-Hoyt, Director of Development & Communications
E-mail Address:	jaimie.anderson@promiseship.org
Telephone Number (Office):	(402) 215-5903
Telephone Number (Cellular):	(402) 215-5903
Fax Number:	(402) 445-7998

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Request for Proposal, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder maintains a drug free work place.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

__X__ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

_____I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	PromiseShip
COMPLETE ADDRESS:	2110 Papillion Parkway, Omaha, NE 68164
TELEPHONE NUMBER:	(402) 445-7926
FAX NUMBER:	(402) 445-7998
DATE:	April 1, 2019
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	David P. Newell, President and CEO

COST PROPOSAL
Request for Proposal Number 5995 Z1

Firm Name: PromiseShip

Bidder shall provide their total cost to meet the requirements of this RFP.

	Initial Contract Period Year One	Initial Contract Period Year Two	Initial Contract Period Year Three	Initial Contract Period Year Four	Initial Contract Period Year Five	First Optional Renewal Period Year One	Second Optional Renewal Period Year One
Monthly Administrative Cost	$ 428,060	$ 436,621	$ 445,354	$ 454,261	$ 463,346	$ 464,118	$ 464,892
Monthly Program Cost							
Monthly Family Preservation	$ 281,161	$ 281,864	$ 286,179	$ 290,472	$ 295,637	$ 297,115	$ 298,601
Monthly On-going Case Mgt	$ 1,861,627	$ 1,906,498	$ 1,937,545	$ 1,975,573	$ 2,015,085	$ 2,018,443	$ 2,021,807
Direct Services	$ 1,063,684	$ 892,528	$ 905,915	$ 919,504	$ 935,854	$ 949,892	$ 964,140
Monthly Out-of-Home Care	$ 2,307,135	$ 1,961,877	$ 1,991,306	$ 2,021,175	$ 2,057,113	$ 2,087,970	$ 2,119,290
Total Monthly Program Cost	$ 5,513,607	$ 5,042,767	$ 5,120,945	$ 5,206,724	$ 5,303,689	$ 5,353,420	$ 5,403,838
Annual Do Not Exceed Amount	$ 71,300,004	$ 65,752,656	$ 66,795,588	$ 67,931,820	$ 69,204,420	$ 69,810,456	$ 70,424,760
Startup Costs	$ 300,000						

In calculating the Annual Do Not Exceed Amount, the bidder should include capacity building expenses (Start-up Cost) for Year One of the subaward. The Bidder will not be scored on Startup Costs. The descriptions below serves as a guide and do not include all types of expenditures. DHHS reserves the right to make requests for modifications and adjustments prior to awarding any contract.

Administrative Cost: The monthly cost which is intended to reimburse the subrecipient's administrative cost. Examples could include; leadership, finance, accounting, contracts, HR, IT, community affairs, general services, facilities mgt, etc.....
Monthly Program Cost: The monthly cost, which is intended to reimburse the subrecipient for case management placement and service costs of children of court and non-court cases.

- Monthly Family Preservation: Services and supports to families with children at risk and/or imminent risk of entering foster care. Eligible services would include evidence-based mental health and substance abuse prevention and treatment services, and in-home parent skill-based services.
- Monthly On-going Case Management: Monthly cost of case management services to families with or without court involvement, would also include contracts with Case Mgt Agencies, Quality Management, Utilization Management, Training,

Resource Specialists (Family Preservation, Staffing Coordinators, Permanency), Resource Home Licensing & Re-Licensing, Foster and Adoptive Parent Recruitment, Rev Max, etc…

- Direct Services: Services and supports to families involved with on-going case management. Could include specialized parenting programs, counseling, treatment, etc…
- Monthly Out-of-Home Care: Expenditures related to monthly board rates to include foster homes and residential placements, respite, and clothing allowances

Total Monthly Program Cost: Sum of monthly program expenditures
Annual Do Not Exceed Amount: The subaward maximum that applies to the sum of any combination of total monthly administrative costs and monthly program costs to the Subrecipient in any fiscal year of the subaward.
Startup Cost : Non-recurring costs associated with setting up business to meet the contractual requirements of the Subaward.

In preparing their cost sheet to meet the requirements of this RFP, bidders shall use Attachment Three Service Area Monthly data sheet, which is provided for determining year one costs, and shall make its own projections related to caseload and accuity changes in successive years.

Optional

Random Moment Time Study	Unit of Measure	Unit Price

5995 Z1 ATTACHMENT ONE – AWARD OF INITIAL FUNDS

SUBRECIPIENT INFORMATION	
Subrecipient Name	Nebraska Families Collaborative DBA PromiseShip
Subrecipient DUNS Number	011367579
Parent DUNS Number	(Same as above)
Principal Place of Performance (City/State/Country/Zip Code + 4)	Omaha, Nebraska 68164-3628 USA
Nebraska Congressional District	2nd

FUNDING TOTALS	
Total Amount of Federal Funds Obligated	$
Total Amount of State Cash Funds Obligated	$
Total Amount of State General Funds Obligated	$
Total Amount of Federal Award Committed to Subrecipient	*Same as Total Subaward below*
TOTAL SUBAWARD	0

Federal Agency Name	Catalog of Federal Domestic Assistance (CFDA) Name	CFDA Number	Federal Award Date	Federal Award Identifier Number (FAIN)	Amount of Federal Funds Obligated
Administration for Children and Families	Title IV-E Foster Care	93.658	October 1, 2018	G-1901NEFOST	$
			Click here to enter a date.		$

TAB 2: COST PROPOSAL REQUIREMENTS

VII. COST PROPOSAL REQUIREMENTS

Includes references to the following subdivisions in Section V. Project Description and Scope of Work:

- *E. Administrative Requirements*
- *G. Readiness Review*
- *H. Financial Requirements*

A. COST PROPOSAL

This RFP is not for a fee-for-service contract, but to award a subaward pursuant to federal law. Therefore, DHHS may not pay a profit, and may only pay Subrecipient up to the total of its actual and allowable costs, as defined herein. In its Cost Proposal the Subrecipient shall provide a total Not To Exceed amount for each subaward year. Subrecipient may receive payment or reimbursement up to, but not exceeding, that Total Not to Exceed Amount, but is not guaranteed that amount, as it may only be paid up to its actual and allowable costs of providing the services under this subaward.

The State reserves the right to review all aspects of cost for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

The PromiseShip **Cost Proposal** (see **Appendix 1**) reflects an understanding of the provisions outlined in RFP 5995 Z1. The projections provided in the attached Cost Proposal do not include fundraising expenses or any other expenses deemed by DHHS to be non-reimbursable by State or Federal funds, including marketing, advertising, dues or memberships that are not in compliance with 45 CFR § 75.

PromiseShip understands that the subaward consists of State and Federal funds, as noted in **Attachment 1: Award of Initial Funds (Appendix 2)** of the RFP. All costs that are provided in the Cost Proposal are necessary to the performance of the subaward activities and meet requirements for reasonableness, allocable to the Federal award, and consistent with all requirements of the Cost Principles in 45 CFR § 75 Subpart E and all other laws, regulations, policies, or other requirements applicable to the State or Federal funds involved.

Prior to the expenditure of any subaward funds for dues or memberships, bonuses, gifts, or other expenditures in excess of base salaries to employees, or for the expenditure of $25,000 or more on purchases of equipment, PromiseShip will submit a written request to DHHS for approval. DHHS must approve these purchases in writing in order for them to be reimbursed with subaward funds.

In order to track and segregate non-reimbursable expenses, administrative and program cost centers have been created to post expenses in a separate fund. This will make them readily identifiable for PromiseShip and DHHS, which will streamline the year-end subaward close-out and reconciliation process.

PromiseShip also understands that, as the payer of last resort, all available resources must be exhausted prior to paying provider claims, most notably for treatment services. These resources might include Medicaid and private insurance. In order to be a good steward of State funds, PromiseShip will direct clients to all available community resources prior to paying for goods and/or services. If community resources are not available, and if the expense is not an excluded expense as listed in RFP Section V., subdivision H. Financial Requirements, then PromiseShip will purchase the goods or services.

B. PRICES

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the bidder, F.O.B. destination named in the RFP. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

Prices submitted on the cost proposal form shall remain fixed for the first two (2) years of the contract. Any annual request for an increase in the annual Not To Exceed amount, subsequent to the first two (2) years of the subaward shall not exceed five percent (5%) of the previous annual Not to Exceed amount. Increases will not be cumulative across the remaining periods of the subaward. Requests for an increase must be submitted in writing to the State Purchasing Bureau a minimum of 120 days prior to the end of the current subaward year. Documentation will be required by the State to support the increase in the annual Not To Exceed amount. Documentation must show an increase in external cost outside of the control of the Subrecipient.

The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the subaward by the parties. Per federal law, no profit may be made from this subaward. See 45 CFR § 75.400.

PromiseShip understands that prices included in the submitted Cost Proposal shall remain fixed for the first two years of the subaward. Should a request for an increase in the annual Not To Exceed amount be warranted due to external cost increases that are outside our control, PromiseShip will submit its request in writing, including any supporting documentation, to the State Purchasing Bureau a minimum of 120 days prior to the end of the current subaward year in which the price increase is requested. Any price increase requests submitted by PromiseShip will not exceed five percent (5%) of the previous annual Not To Exceed amount and will not be cumulative across the remaining periods of the subaward. PromiseShip also acknowledges that no profit will be made from this subaward in accordance with 45 CFR § 75.400.