REQUEST FOR PROPOSALS
KITSAP COUNTY DEPARTMENT OF HUMAN SERVICES

Project Title: **Facility-based Respite Care Services for Aging and Long Term Care**

Estimated Contract Period: July, 2016- June 30, 2017
Amendments extending the period of performance, if any, shall be at the sole discretion of Kitsap County.

Proposal Due Date: All responses must arrive by 3:00 p.m. Pacific Time June 16, 2016.

Submit Proposal:

By mail to:
Colby Wattling, Buyer
Kitsap County Purchasing
614 Division Street, MS-7
Port Orchard, WA 98366

OR

For hand delivery, express , or courier:
Colby Wattling, Buyer
Office Kitsap County Administration Building
Purchasing Office – Fourth Floor
619 Division Street
Port Orchard, WA 98366

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SECTION A. SUMMARY OF PROJECT

Background

In 1965, the United States Congress enacted the Older Americans Act, and in 1973 the Older Americans Act Comprehensive Services Amendments established the Area Agencies on Aging (AAA). The purpose of the act is to provide assistance in the development of new or improved programs for older adults. AAA's are responsible to plan, coordinate and advocate for the development of a comprehensive service delivery system that includes respite care services through the Family Caregiver Support Program to meet the needs of older adults and their informal caregivers.

The designated AAA for Kitsap County is the Division of Aging and Long Term Care (ALTC). The Division is under the authority of the Human Services Department.

The Division provides services to family and informal, unpaid caregivers through the Family Caregiver Support Program.

Family Caregiver Support Program Description

The Family Caregiver Support Program (FCSP), established in 2000, provides grants to States and Territories, based on their share of the population aged 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible.

The FCSP offers a range of services to support family caregivers. Under this program, five types of services are provided: Information to caregivers about available services; assistance to caregivers in gaining access to the services; individual counseling, organization of support groups, and caregiver training; Respite care; and supplemental services, on a limited basis.

These services work in conjunction with other State and Community-Based Services to provide a coordinated set of supports. Studies have shown that these services can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care.

Funding for respite includes Federal Older Americans Act (OAA) Title III E (CFDA 93.052) and Washington State Family Caregiver Support Program (SFCSP) funds. Services provided are based on specific authorizations by Division staff.

Respite Contractors must develop a contribution policy to allow persons served under the Federal Older Americans Act the opportunity to contribute to the cost of services provided. The policy must make provisions for confidentiality as well as for procedures to properly account for contributions made by participants. Contributions received must be forwarded to ALTC to be used to expand and enhance program services.

Kitsap County ALTC will supply match requirements for the OAA funded services contained in this RFP.

Goal:

The Washington State Department of Social and Health Services Aging and Long Term Care Administration requires each Area Agency on Aging (AAA) to provide respite services.

The goal of respite care is to provide relief for informal, unpaid caregivers of eligible persons who require assistance with activities of daily living in order to remain in their own homes. The Skilled Nursing Facility, Assisted Living and Boarding Home settings provide care such as protective and/or supportive supervision, preparation of meals and snacks, laundering clothing, linens, maintenance of a clean living environment, monitoring and/or administration of medications, assistance with dressing, transfers and toileting.

ALTC establishes the criteria and subcontracts for out-of-home respite services July 1, 2016-June 30, 2017. Subcontracting for respite services includes providing for out-of-home respite care services on a fee for service basis to a licensed Washington State Skilled Nursing Facility, Assisted Living or Boarding Home facility. The contractor must maintain state and federal licensing and certification requirements of a Medicaid facilities.

ALTC utilizes a computerized client tracking system to monitor and report on client services. When required, the Contractor(s) shall use compatible computer equipment, software, or written reports to submit reports on all clients served.

Minimum Qualifications:

To be qualified, a service provider must:

- Be a currently licensed Washington State Nursing Home; maintaining state and federal licensing and certification requirements of a Medicaid Skilled Nursing facility (nursing home) or Assisted Living or Boarding Home facility. Evidence of current Skilled Nursing Facility (nursing home) or Assisted Living or Boarding Home facility license.

- Maintain evidence of a written plan specifying procedures to be followed in case a participant becomes ill, is injured, or dies while being served by the Contractor's staff, and incident reports must be filed in the Participant/Caregiver file.

Comply with the following and items outlined in Addendum B: Subcontract template:

- Aging and Long Term Support Administration (ALTSA) Respite Program Standards;
- Management Bulletins as issued by ALTSA;
- WAC 388-97 et. seq. "Resident Rights, Care, and Related Services";
- RCWs 74.09 and 74.41;
- Respite WAC Chapter 388-106-1200 through 388-106-1230 as adopted June 17, 2005;
- Title III-E Family Caregiver Support, Public law 106-501 Older Americans Act (OAA) as amended;
- All applicable federal, state, and local laws, regulations, and codes and;
- Respond to any additional requests from Kitsap County ALTC.

Responders who do not meet minimum qualifications shall be deemed unresponsive, will not be evaluated and no score will be assigned.

Scope:

The successful awards will provide the following “levels of care” activities during a respite episode:

Levels of care allowable for the contract are levels 1 - 3:

Level 1: Help with activities which requires no special training; e.g., companionship, supervision, meal preparation.

Level 2: Help with activities of daily living for which special training is required. It includes personal care, lifting, turning, and transferring.

Level 3: Tasks which must be performed by a licensed health practitioner (LPN or RN).

Allowable tasks include:

- Protective and/or Supportive Supervision:
  Supervising or watching a participant who cannot safely be left alone because of confusion, forgetfulness, or unscheduled need for assistance.

- Preparation of Meals:
  Preparing, readying and administering of general and special diets prescribed by a physician or described by the caregiver.

- Laundering of Clothing and Linen:
  Washing and drying of clothing and linen used by the participant.

- Personal Care:
  Carry out routine personal care related to the care provided to the participant, including care of hair, care of skin (to include shaving, care of mouth, teeth and denture care), and assistance with other tasks such as dressing, undressing, bathing, toileting, etc.

Placement of Participants:

After the ALTC Caregiver Support Case Manager has completed the intake process, and the caregiver/participant has selected the service option that they prefer, the Contractor will be contacted by the Case Manager who is making the referral. The ALTC Caregiver Support Case Manager will provide referral information with regard to the length of time service is required, special needs of the participant, the participant’s required copay that shall be invoiced by the facility to the participant

(separate from the invoice submitted to ALTC) and review any areas of concern. The respite contractor will contact the family to confirm the Respite Care services.

Timely Delivery of Services:

The Contractor will respond to requests on a bed-available basis, on a 7-day per week, 24-hour basis. Contractor will provide planned Respite Care services only.

Definitions of Service Units:

A. Hourly Respite Care: one hour of direct respite service for one caregiver/participant, provided that "respite service" may include any of the allowable tasks noted in the Statement of Work section, as authorized by the Respite Case Manager or Caregiver Support Case Manager as well as a maximum of one-half hour of orientation for the caregiver/participant on the same day that the respite is provided.

B. Daily Respite Care: for more than 8 hours to a maximum of 24 hours of continuous respite care in one day to one caregiver/participant, provided that "respite service" may include any of the allowable tasks noted in the Statement of Work section, as authorized by the Respite Case Manager or Caregiver Support Case Manager. Orientation for the caregiver/participant on the same (or first) day that the respite is provided is included in the daily rate and may not be billed separately.

The definition of a "day" is defined as consecutive time that is more than 8 hours and up to and including 24 hours and begins at the time the respite care provider begins to provide service. Eight (8) hours or less of consecutive care is considered to be hourly care and the hourly rate applies.

Respite Service Rates:

- For Skilled Nursing Facilities that provide Medicaid, the respite rate shall be equivalent to the Medicaid rate. For facilities that provide only private-pay services, the rate shall be negotiated with ALTC.
- For Assisted Living/Boarding home**:** Daily rate for Assisted Living/Boarding Home services is either the Medicaid rate or a negotiated day or hourly rate (up to 8 hours).

Eligibility Determination and Authorization of Respite Services:

The AAA Caregiver Support Case Manager(s) are responsible for determining participant/caregiver eligibility for the respite care program and for authorizing the Contractor to provide respite services on designated dates at specified times.

Payment for services provided by the Contractor will be made only for those respite services authorized by the AAA Caregiver Support Case Manager, as documented by Authorization/Referral Documents.

Participant/caregiver eligibility will be determined by the Respite Case Manager or Caregiver Support Case Manager based upon legislative mandates, as follows:

A. Participant: an eligible person (a) who needs substantially continuous care or supervision by reason of his/her functional disability, and (b) who is assessed as requiring institutionalization in the absence of a caregiver assisted by home and community support services, including respite care.

B. Caregiver: a spouse, relative or friend who has primary responsibility for the care of a functionally disabled adult, who does not receive financial compensation for the care, and who is assessed as being at risk of placing the eligible participant in a long-term care facility if respite care is not available. A caregiver must be screened and/or assessed through TCARE and authorized as eligible for services by the Respite/Caregiver Support Case Manager.

Additional Respite Care Tasks to be conducted by a CNA, LPN, or RN according to State Licensing Requirements, such as:

A. Giving a participant a prescribed oral medication, administering eye drops and giving the participant medications by injection;
B. Total lifting of a participant onto the toilet, diapering, changing a colostomy and catheter bag, inserting or irrigating a colostomy;
C. Turning or positioning in bed;
D. Complete washing and bathing of the participant, bed baths;
E. Complete lifting into or out of bed, tub or wheelchair or chair;
F. Administering exercises that are ordered;
G. Administering specialized skin care as ordered;
H. Applying ointments or dressings as ordered;
I. Changing bandages or dressings as ordered;
J. Coordinating physician contacts;
K. Management of incontinence;
L. Ensure constant supervision;
M. Enteral therapy;
N. Parenteral therapy;
O. Respiratory therapy;

NOTE: An activity program must be provided which encourages socialization of the participants based upon their abilities.

Reimbursement

This contract will reimburse on a pre-authorized unit rate for services provided.

The Contractor will develop monthly billings based on the contracted rate for each level of service multiplied by the actual service units provided.

- ALTC will not pay for the delivery of any services to ineligible or unauthorized participants/caregivers, services in excess of the services authorized, or for services not authorized by the ALTC Respite or Caregiver Support Case Manager.

Payment will be made to the Contractor only after documentation is furnished which specifies the number of units of service provided during the previous month.

Payment can be made only after services have been provided.

SECTION B. PROCUREMENT PROCESS

1. Procurement Schedule

The Procurement Schedule outlines the tentative schedule for important action dates and times. All dates after the proposal submission due date are approximate and may be adjusted as conditions indicate, without amending this document. It is the Responder's sole responsibility to periodically check the County's website for amendments to this document.

Figure 1. ***PROCUREMENT SCHEDULE***

Item	Action	Date
1.	Kitsap County Issues Letter to Request Proposals	May 16, 2016
2.	Written questions will be accepted via email by Colby Wattling at cwattling@co.kitsap.wa.us until 3:00 PM	May 24, 2016 3:00 PM
3.	Answers will be posted to questions via Addendum	June 1, 2016
4.	Responder must submit Proposal by 3:00 p.m. Pacific Time	June 16, 2016
5.	Kitsap County evaluation of Proposals	June 21, 2016
6.	Announce successful Proposal	June 28, 2016
7.	Contract Execution	Anticipated July, 2016

2. Contract

Kitsap County intends to award multiple contracts to provide the services described in this Letter to Request Proposals up to **$10,000** total for the one year term.

The contract start date is expected to be July, 2016 but the actual start date of services will be based on ALTC Case Manager authorization(s).

The term of the Contracts is expected to last through June 30, 2017 commencing upon the start date or execution date, whichever is later. Amendments extending the period of performance through June 30, 2020 shall be at the sole discretion of the County.

3. Proprietary information/public disclosure

Materials submitted in response to this Letter to Request Proposals shall become the property of Kitsap County and the proposals shall be deemed public records as defined by RCW 42.56.

The Responder's Proposal must include a statement identifying the pages of its Proposal, if any, which contain information the Responder considers proprietary. Each page claimed to be proprietary must be clearly marked by printing the word "Proprietary" on the lower right hand corner. Responders may not mark their entire Proposal proprietary.

If Kitsap County receives a request to view or copy a Responder's Proposal, the County will respond according to applicable law and policy governing public disclosure. The County will not disclose any information marked "Proprietary" in a Proposal without giving the Responder ten (10) days' notice to seek a relief in superior court per RCW 42.56.540.

4. Communications

All communications concerning this Letter to Request Proposals must be directed only to the Procurement Coordinator. Any communication directed to Kitsap County staff or consultants, other than the Procurement Coordinator, may result in disqualification. Proposals should be based on the material contained in this Letter to Request Proposals, any related amendment(s), and any questions and answers directed through the Procurement Coordinator Colby Wattling, 360-337-7036 or cwattling@co.kitsap.wa.us

5. Amendments

Kitsap County reserves the right, at any time before execution of a contract, to amend all, or a portion, of this Letter to Request Proposals. Amendments will be posted on the County website. If there is any conflict between amendments or between an amendment and this document, whichever document was issued last in time shall be controlling.

6. Retraction of this Letter to Request Proposals

Kitsap County reserves the right to retract this Letter to Request Proposals in whole, or in part, at any time without penalty.

7. Submission of Proposals

Proposals must be prepared and submitted no later than the proposal submission date and time specified in the Procurement Schedule. The Proposal is to be sent to the Procurement Coordinator either by e-mail, mail, or hand delivered.

Responders should allow sufficient time to ensure timely receipt by the Procurement Coordinator. Responders assume the risk for the method of delivery and for any delay in the delivery of the Proposal. Kitsap County will disqualify any Proposal and withdraw it from consideration if it is received after the proposal submission due date and time.

All Proposals and any accompanying documentation and material become the property of Kitsap County and will not be returned.

8. Non-responsive Proposals

All Proposals will be reviewed by the Procurement Coordinator to determine compliance with administrative requirements and instructions specified in this Letter to Request Proposals. Kitsap County may reject or withdraw a Proposal at any time as nonresponsive for any of the following reasons:

a. Incomplete Proposal
b. Submission of a proposal that proposes services that deviate from the technical requirements set forth in this document
c. Failure to comply with any part of this Letter to Request Proposals or any exhibit to this Letter to Request Proposals.
d. Submission of incorrect, misleading, or false information

9. Minor Irregularities

Kitsap County may waive minor administrative irregularities related to any Proposal.

10. Cost to Prepare Proposal

Kitsap County will not be liable for any costs incurred by the Responder in preparing, submitting, or presenting a Proposal for this Letter to Request Proposals.

11. Joint Proposals

If a Responder submitted a joint Proposal, with one or more other Responders, the Responder must designate the prime Responder. The prime Responder will be Kitsap County's sole point of contact, will sign the contract and any amendments, and will bear sole responsibility for performance under the contract.

12. Withdrawal of Proposals

After a Proposal has been submitted, a Responder may withdraw its Proposal at any time up to the proposal submission date and time specified in the Procurement Schedule. A written

request to withdraw the Proposal, signed by an authorized representative of the Responder, must be submitted to the Procurement Coordinator. After withdrawing a Proposal, the Responder may submit another Proposal at any time up to the proposal submission date and time.

13. Execution of the Contract

The Apparently Successful Responder is expected to sign a contract with Kitsap County and any subsequent amendments that may be required to address specific work or services as needed. (See Addendum B– sample contract terms and conditions).

The County reserves the right to negotiate the specific wording of the Statement of Work, based on the requirements of this Letter to Request Proposals and the terms of the winning Proposal.

If the Apparently Successful Responder fails or refuses to sign the contract or any subsequent amendment within ten (10) business days of delivery, Kitsap County may award the contract to the next-highest ranked finalist.

Any subcontracts necessary to perform the contract shall be subject to the prior written approval of Kitsap County.

If at contract award or anytime thereafter any specifically named individual(s) identified in the Proposal to work on this engagement are not available, Kitsap County has the right to approve or reject any change in Contractor personnel.

SECTION C. PROPOSAL CONTENTS

1. Proposal:

a. General Requirements: In this section, the Responder is to provide a description of the Proposal which is consistent with the goals and objectives of the project and demonstrates the Responder's understanding of the skills and resources required to successfully accomplish the objectives of the project and assure timely completion of deliverables.

b. Numbering of Responses. Please number each response so that it corresponds to the question number. The response must begin with a restatement of the question followed by the Responder's response to the question. A reference to another section will not suffice, each answer must stand alone.

c. Points Awarded for Responses. The number in parentheses after each question or requirement represents the maximum number of points that may be awarded for the Responder's response to that question or requirement.

The proposal is to be brief (no longer than five pages not including the proposal cover page or separate requested attachment copies) and must include the following:

The total number of available points is 100.

1. Experience. **(Maximum 25 points)**
   Describe relevant experience working with older persons, brief respite stays, and specialized programming or training such as memory care.

2. Staffing and Organization Structure. **(Maximum 25 points)**
   Describe staffing and organizational structure for these services. Include plans for utilizing qualified staff and complying with regulations.

3. Program Design**. (Maximum 30 points)**
   Describe the methods and procedures that will be used in rendering both referral and direct services to older persons and Family Caregivers. Include where, when (locations, times, days of week), and who will provide the services. Describe the procedure that will be used to determine if an applicant needs immediate services.

4. Quality Assurance. **(Maximum 10 points)**
   Describe the quality assurance process as it relates to client satisfaction and resolving complaints regarding services.

5. Internal Record Keeping and Billing Processes. **(Maximum 10 points)**
   Describe the service delivery documentation procedures that the applicant proposes to

utilize in the program. Include description of submitted timely and accurate reports. Describe how client information is safeguarded. Describe your organization's capacity to safeguard public funds, including maintaining books, records, documents, and other materials relevant to the provision of goods and services. Alternately, you may include an electronic copy of your organization's fiscal policy and procedures manual and all portions of your organization's operations manual that pertain to recordkeeping and record retention.

COVER PAGE– FAMILY CAREGIVER SUPPORT RESPITE SERVICES

Applicants must provide the requested information and answer the following questions in their proposal. Responses must reflect applicants' capacity to provide the full scope of services.

A. ORGANIZATION INFORMATION (Completed by all Applicants)

1. Organization Legal Name:	
2. Street Address:	
3. Mailing Address:	
4. Website Address (if applicable):	
5. Other Office Locations (state and nationwide):	
6. Business Office Hours:	
7. Executive Officer: Title:	Phone: E-Mail:
8. Primary Contact Person: Title:	Phone: E-Mail:
9. Type Of Organization:	
◻ Sole Proprietor	◻ Limited Liability Company (LLC)
◻ Partnership	◻ Corporation, Non-Profit
◻ Other (specify)	

10. Taxpayer Identification Number:
11. Washington State Unified Business Identifier (UBI) Number:
12. Litigation: Provide the caption, cause number, Court, Counsel, and general summary of any litigation pending or judgment rendered within the past three (3) years against the applicant, as applicable.
13. Suspension & Debarment: Indicate the extent, if any, to which the firm, association or corporation or any person in a controlling capacity or any position involving the administration of federal, state or local funds is currently under suspension, debarment, voluntary exclusion, or determination of eligibility by any agency; has been suspended, debarred, voluntarily excluded or determined ineligible by any agency within the past three (3) years; does have a proposed debarment pending; has been indicted, convicted or has a civil judgment rendered against said person, firm, association or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct with the past three (3) years.

B. PROPOSAL

Organizations applying to provide respite services must complete this section. Your response must be limited to no more than five (5) pages. This limit does not include the requested license, survey and organizational chart copies.

As outlined on page 11, please answer #1-5 describing experience, staffing and organization structure, program design, quality assurance, and internal record keeping and billing processes.

In addition to #1-5, all applicant facilities must respond to the following questions. If you are applying to provide respite at more than one location, please provide responses for each location:

1. Within what time frame can you respond to a request for respite and complete an initial assessment of the client?
2. What is the total licensed capacity of your facility? What has been the average occupancy of your facility over the past six months?
3. What is the average age of residents living in your facility?
4. What percentage of residents in your facility have physical disabilities? What percentage have cognitive disabilities (including traumatic brain injury, Alzheimer's disease, or other forms of dementia)? What percentage have developmental disabilities?
5. Is your facility fully accessible to a resident who uses an assistive device for mobility (e.g., walker, cane, and wheelchair)? If not, please describe the areas of the facility that cannot be accessed.

6. Does your facility use any automatic systems or monitoring systems to alert staff to individuals entering or exiting the home, such as wander guards, door alarms, window alarms, or video monitoring equipment? Please describe.
7. Is your facility a locked facility (residents cannot leave indoor or outdoor spaces without being let out by a staff member or entering a code)?
8. Identify whether you are an ALF, Boarding Home, or SNF provider. If you own/operate multiple facilities within Kitsap County, provide the name and physical address of each location where you propose to offer respite. Attach a copy of each facility's license. Provide the following information for each facility where you intend to provide respite services, as applicable:

Assisted Living or Boarding Home Facility

- Copies of all inspection reports, including complaint-related inspections, conducted in the past two (2) years for each proposed respite location and;
- A current organizational chart for each proposed respite location which identifies key staff (administrator, director of nursing services, resident care managers, fiscal manager, etc.) by name and credential; and
- A description of your typical staffing pattern by shift, on both weekdays and weekends. Please include the number of staff by type/credential on duty during each shift.

Skilled Nursing Facility

- Copies of all inspection reports, including complaint-related inspections, conducted in the past two (2) years for each proposed respite location;
- A current organizational chart for each proposed respite location which identifies key staff (administrator, director of nursing services, resident care managers, fiscal manager, etc.) by name and credential; and
- A description of your typical staffing pattern by shift, on both weekdays and weekends. Please include the number of staff by type/credential on duty during each shift.

C. FISCAL MANAGEMENT

All applicant organizations must complete this section.

1. **Pre-Award Risk Assessment:** Complete Section E, the mandatory Pre-Award Risk Assessment. All questions in this assessment must be answered, do not skip questions or leave response fields blank.

SECTION D. EVALUATION

1. Evaluation Procedure

Kitsap County shall designate an evaluation team to review, evaluate and score Responder's Proposals.

2. Proposal Evaluation

Kitsap County will initially screen each Proposal to determine if the Responder has complied with the stated instructions. If a Proposal does not meet all requirements, the County may consider the Proposal non-responsive and may withdraw it from consideration at any time. If a Proposal meets all requirements, evaluators will score and award points up to the maximum points available for each question.

3. Scoring of Proposals

The maximum number of evaluation points available is 100. Minimum Qualifications are evaluated on a pass/fail basis. The following weighting and points will be assigned to the Proposal for evaluation purposes:

For each question, 0 is the lowest possible score and points are awarded for the most complete answers that demonstrate the Responder's expertise and/or experience, up to the maximum number of points listed for each question.

4. Final Determination of Apparently Successful Responder(s)

Kitsap County program staff and/or management may conduct a final review of the evaluation and scoring of finalist(s).

In this final review, the County may consider past or current performance of any County contracts by a finalist(s), and any experience of the program or Kitsap County in working with a finalist(s) under any past or current contract with the County.

Kitsap County management shall make the final determination as to which Responder(s), initially designated as finalist(s), shall be officially selected and notified as the Apparently Successful Responder(s).

In doing so, County management shall be guided, but not bound, by the scores awarded by the evaluators. Program staff and County management shall determine which Proposals reviewed during this final selection process will best meet the needs of Kitsap County.

SECTION E: PRE- AWARD RISK ASSESSMENT

Answer all questions and provide comments where directed.

Financial Stability	Yes	No	N/A	Comments (Explanation of answer/ response)
1. Has the organization had changes to key staff or positions in the past twelve (12) months? If yes, explain all changes in the Comments field. Examples of changes to key staff would include the Executive Director, Program Supervisor, and Fiscal Manager.				
2. Has your organization had changes to business systems in the past twelve (12) months? If yes, briefly describe the previous system and the new system, and explain why this change was made.				

History of Performance	Yes	No	N/A	Comments (Explanation of answer/ response)
1. Does your organization have experience managing grant funds, loans or other types of financial assistance?				
2. Has the organization been awarded federal funds within the last three (3) years? If yes, list the awarding agencies, pass-through entities and the dollar value of award(s) by year.				

Audit Reports and Findings	Yes	No	N/A	Comments (Explanation of answer/ response)

Audit Reports and Findings	Yes	No	N/A	Comments (Explanation of answer/ response)
1. Did your organization expend $750,000 or more in federal funds in any one of the past three (3) fiscal years? If yes, list the type of federal funds expended and total amount of expenditures by year.				
2. Does your organization anticipate expending $750,000 or more in federal grant funds in the next twelve (12) months? If yes, list the type of federal funds and total amount of anticipated expenditures.				
3. Has your organization had any type of independent audit within the past three years? If yes, provide the name of the auditor/firm(s) and date(s) of the audit(s).				
4. List any findings received as a result of the audit(s) described in response to #3, above. If findings were noted, please also attach a copy of the audit report.				

Prepared By: _____

For (Name of Organization): _____

Date Completed: _____

SECTION F: SUBCONTRACT TEMPLATE INFORMATION

The subcontract template will be made available online at:
http://kitsapgov.com/purchasing/bids.htm