

**ATTACHMENT B
PROVIDER NARRATIVE TEMPLATE
INTENSIVE FOSTER CARE SERVICES**

Agency Name:

Service Standard: Intensive Foster Care Services

PROVIDER NARRATIVE (15 points)

Provider Narrative Format Requirements: Maximum of five (5) pages, not including attachments, minimum size 10 Times New Roman font, and 1-inch margins.

Respondents should only submit one Provider Narrative regardless of the number of Region(s) for which the Respondent is proposing services.

The Provider Narrative must address the following topics:

GENERAL INFORMATION

- Describe your agency’s history and development to date. This includes important organizational history of the agency, previous agency name if changed, and staffing trends throughout life of the agency.
- List the current address of agency office(s). This includes any corporate offices and satellite offices.
- Describe the current organizational chart of agency leadership, including current Board of Directors, positions held, and qualifications of staff. If your agency does not follow this organizational structure, please provide details specific to your agency structure and procedures.
 - *Requested attachment: Organizational Chart*
- List any accreditation, community partnerships, or affiliation.
 - *Requested attachment: Supporting documentation of accreditation, partnership, or affiliation*

AGENCY BUSINESS MODEL/LOGISTICS

- What is the legal status of your organization, including when it became a registered business with the State of Indiana?
 - *Requested attachment: Legal Status*
- Is your agency in good standing with all State and Federal agencies?
 - *Requested attachment: Secretary of State Entity Report*
- How do you plan or how do you currently structure staff employment within your organization? For example: do you offer benefits, are you using contractors (if so, please provide information on all subcontractor partnerships and the number of proposed staff provided through subcontractors), how will you ensure that your staff will be paid for work they complete for your agency?
- Document your agency’s financial standing.
 - *Requested attachment: Provider Financials*
- Document alternative funding sources and utilization of the funding sources.
 - *Requested attachment: Funding Sources*
- Document your agency’s current insurance.
 - *Requested attachment: Provider Insurance*

AGENCY WORK WITHIN THE COMMUNITY

- Document your agency's history with DCS, regarding current/past contracts, services, and professional relationships. If there is no prior relationship with DCS, please document your professional relationship with other community agencies. These may include local providers, schools, Probation, Community Menal Health Centers, etc.
- Explain your agency's determination of and engagement with your community's needs including identification of these needs, partnerships created, and prior/current responses to these needs.
- Describe your agency's prior years' outcome of serving the proposed target population for both Intensive Foster Care and Intensive Respite Care services. This section must include an example of when your agency has used data to determine service delivery.
 - *Requested attachment: Agency Quality Improvement*