

ATTACHMENT C
PROVIDER NARRATIVE
COMMUNITY BASED SERVICES

Agency Name:

PROVIDER NARRATIVE

Maximum of 5 pages, not including attachments, Times New Roman, at least 10 font, 1 inch margins
Description of required attachments can be found in KidTraks RFP User Guide- Appendix B
Respondents should only submit one Provider Narrative regardless of how many service standards their agency is proposing services for.

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 the 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, 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 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, etc.
- Explain your agency's determination of prior community needs and your agency's response to those needs.
- Describe your agency's prior years' outcome of serving the proposed target population. This section must include an example of when your agency has used data to determine service delivery.
- *Requested attachment: Agency Quality Improvement*