**RFP 23-73695 BUSINESS PROPOSAL**

**ATTACHMENT E**

**Instructions: Please provide answers in the shaded areas to all questions. Reference all attachments in the shaded area.**

***Business Proposal***

* + 1. **General -** Please introduce or summarize any information the Respondent deems relevant or important to the State’s successful acquisition of the products and/or services requested in this RFP. Additionally, list any additional terms and definitions used by your company or industry that you would like the State to consider incorporating in the contract. The State will not accept terms and definitions introduced after award during contract finalization and implementation. Finally, confirm you have carefully reviewed all requirements listed in RFP Section 1.4 and the Scope of Work (Attachment K). Should your company have any exceptions, substitutions, or conditions for the State’s consideration, please list them below. The State will not accept exceptions, substitutions, or conditions introduced after award, during contract finalization and implementation.

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| Aging & Community Services of South Central Indiana, Inc. dBa: Thrive Alliance has provided successful fiscal agent experience throughout the last 41 years to include: Title IIIB sub-grantees and the Foster Grandparent program within Bartholomew, Brown, Jackson, Jennings, and Decatur counties, as well as for Cluster H and Cluster J of First Steps of South Central Indiana within 25 counties in Indiana. |

* + 1. **Respondent’s Company Structure** - Please include in this section the legal form of the Respondent’s business organization, the state in which formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization. If the organization includes more than one (1) product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization. Please enter your response below and indicate if any attachments are included.

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| Please see attached: Attachment A – Certificate of Incorporation with the State of Indiana, Attachment B – Active Business Entity Report with the State of Indiana, Attachment C – IRS 501(c)(3) letter, and Attachment D – Agency’s organizational chart. |

* + 1. **Respondent’s Diversity, Equity and Inclusion Information -** With the Cabinet appointment of a Chief Equity, Inclusion, and Opportunity Officer, on February 1, 2021, the State of Indiana sought to highlight the importance of this issue to the State. Please share leadership plans or efforts to measure and prioritize diversity, equity, and inclusion. Also, what is the demographic compositions of Respondents’ Executive Staff and Board Members, if applicable.

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| Aging & Community Services of South Central Indiana, Inc. dBa: Thrive Alliance is continuously striving to be a company for all, with our board, our employees and our clients. We provide personal and professional development around this topic to better advance our employee’s knowledge. Please see Attachment E – Employee Handbook Policies.  Our current demographic composition for Executive Staff and Board Members is: Female-78%, Male-22% and Hispanic-7%, Black-7%, Caucasian-86% . |

* + 1. **Company Financial Information** - This section must include documents to demonstrate the Respondent’s financial stability. Examples of acceptable documents include most recent Dunn & Bradstreet Business Report (preferred) or audited financial statements for the two (2) most recently completed fiscal years. If neither of these can be provided, explain why, and include an income statement and balance sheet, for each of the two most recently completed fiscal years.

If the documents being provided by the Respondent are those of a parent or holding company, additional information should be provided for the entity/organization directly responding to this RFP. That additional information **should explain the business relationship between the entities and demonstrate the financial stability of the entity/organization which is directly responding to this RFP.**

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| Please see attached financial statements for Fiscal Year 2021 and 2022. Due to timing, the Fiscal Year 2022 audited financial statements have not been completed. An income statement and balance sheet have been provided in place of those. Please see Attachment F – Financial Statements. |

* + 1. **Integrity of Company Structure and Financial Reporting** - This section must include a statement indicating that the CEO and/or CFO, of the responding entity/organization, has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The areas of interest to the State in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services. The State will consider the information offered in this section to determine the responsibility of the Respondent under IC 5-22-16-1(d).

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| Heather Durnil, Finance Director, takes full responsibility for the accuracy and thoroughness of any and all financial information that is provided with this proposal. The Finance Committee within the Board of Directors is responsible for oversight regarding the overall financial management of Aging and Community Services of South Central Indiana, Inc dBa Thrive Alliance. The Finance Committee functions include: review of monthly financials and annual budget before final approval by the full Board of Directors, monitoring financial performance, and approving final audited financial statements with the full Board. |

* + 1. **Contract Terms/Clauses** - Please provide the requested information in RFP Section 2.3.6. Additional rows may be added if necessary.

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| **Contract Term Identifier and Header** | **Suggested Language Change** | **Rationale for Suggested Change** |
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* + 1. **References** - Reference information is captured on **Attachment H** Respondent should complete the reference information portion of the **Attachment H** which includes the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information if the State elects to do so. The rest of **Attachment H** should be completed by the reference and **emailed DIRECTLY** to the State. The State should receive three (3) **Attachment Hs** from entities with whom the Respondent has worked or collaborated with during their normal course of business. Please note that the references may not come from the agency requesting services (FSSA). **Attachment H** should be submitted to [idoareferences@idoa.in.gov](mailto:idoareferences@idoa.in.gov). **Attachment H** should be submitted by the due date listed in Section 1.24 of the RFP. Please provide the customer information for each reference.

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| **Customer 1** |  |
| Legal Name of Company or Governmental Entity | Developmental Services, Inc. |
| Company Mailing Address | 2920 Tenth Street |
| Company City, State, Zip | Columbus, IN 47201 |
| Company Website Address | [www.dsiservices.org](http://www.dsiservices.org) |
| Contact Person | Kim Fledderman |
| Contact Title | Manager Children’s Services |
| Company Telephone Number | 812-212-0161 |
| Company Fax Number | 812-378-2849 |
| Contact E-mail | [kfledderman@dsiservices.org](mailto:kfledderman@dsiservices.org) |
| Industry of Company | Developmental Disabilities |
| **Customer 2** |  |
| Legal Name of Company or Governmental Entity | Shelbyville Central Schools |
| Company Mailing Address | 1115 East State Road 44 |
| Company City, State, Zip | Shelbyville, IN 46176 |
| Company Website Address | [www.scs.shelbycs.org](http://www.scs.shelbycs.org) |
| Contact Person | Susan RW Smith |
| Contact Title | Intake Coordinator-Early Childhood Proram |
| Company Telephone Number | 317-392-2449 ext 8007 |
| Company Fax Number | 317-398-7319 |
| Contact E-mail | [srsmith@shelbycs.org](mailto:srsmith@shelbycs.org) |
| Industry of Company | Public Education |
| **Customer 3** |  |
| Legal Name of Company or Governmental Entity | Carey, Services |
| Company Mailing Address | 2724 S. Carey Street |
| Company City, State, Zip | Marion, IN 46953 |
| Company Website Address | [www.careyservices.com](http://www.careyservices.com) |
| Contact Person | Robin Duffy |
| Contact Title | Early Head Start Child Development and Disabilities Coordinator |
| Company Telephone Number | 765-668-8961 ext 178 |
| Company Fax Number | 765-664-6747 |
| Contact E-mail | [rduffy@careyservices.com](mailto:rduffy@careyservices.com) |
| Industry of Company | Head Start – Disability Services and Support Organization |

* + 1. **Registration to do Business** – Per RFP 2.3.8,Respondents providing the products and/or services required by this RFP must be registered to do business by the Indiana Secretary of State. The Secretary of State contact information may be found in Section 1.18 of the RFP. This process must be concluded prior to contract negotiations with the State. It is the successful Respondent’s responsibility to complete the required registration with the Secretary of State. Please indicate the status of registration, if applicable. Please clearly state if you are registered and if not provide an explanation.

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| Yes, we are registered to do business by the Indiana Secretary of State. |

* + 1. **Authorizing Document -** Respondent personnel signing the Executive Summary of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement. Please enter your response below and indicate if any attachments are included.

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| Mark Lindenlaub, Executive Director of Aging & Community Services of South Central Indiana, Inc. dBa: Thrive Alliance, is authorized to sign the contract by nature of his title within the company. Please see Attachment G – ACS By-Laws |

* + 1. **Diversity Subcontractor Agreements** -

1. Per RFP Section 1.21, Minority & Women’s Business Enterprises (MBE/WBE), and 1.22 Indiana Veteran Owned Small Business Subcontractor (IVOSB), explain process followed to engage with potential MBE, WBE and IVOSB owned, Indiana certified businesses listed on Division of Supplier Diversity site. List the businesses invited to discuss the opportunity for potential partnership.

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| Booth Signs Inc. dba Prestige/FASTSIGNS |

1. If not proposing each MBE, WBE or IVOSB subcontractor partnership, explain the rationale for declining to do so. Complete this for each category not proposed.

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* + 1. **Evidence of Financial Responsibility** – Removed at the request of the agency.
    2. **General Information** - Each Respondent must enter your company’s general information including contact information.

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| **Business Information** |  |
| Legal Name of Company | Aging and Community Services of South Central Indiana, Inc dBa Thrive Alliance |
| Contact Name | Becky Haymond |
| Contact Title | First Steps Program Director |
| Contact E-mail Address | bhaymond@thrive-alliance.org |
| Company Mailing Address | 1531 13th Street Suite G900 |
| Company City, State, Zip | Columbus, IN 47201 |
| Company Telephone Number | 812-372-6918 |
| Company Fax Number | 812-372-7846 |
| Company Website Address | [www.thrive-alliance.org](http://www.thrive-alliance.org) |
| Federal Tax Identification Number (FTIN) | 31-1017271 |
| Number of Employees (company) | 104 |
| Years of Experience | 41 |
| Number of U.S. Offices | 1 |
| Year Indiana Office Established (if applicable) | 1981 |
| Parent Company (if applicable) | N/A |
| Revenues ($MM, previous year) | $7.8M |
| Revenues ($MM, 2 years prior) | $8M |
| % Of Revenue from Indiana customers | 100% |

* 1. Does your Company have a formal disaster recovery plan? Please provide a yes/no response. If no, please provide an explanation of any alternative solution your company has to offer. If yes, please note and include as an attachment.

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| Yes, please see Attachment H – Disaster Protection Plan. |

* 1. What is your company’s technology and process for securing any State information that is maintained within your company?

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| Our agency processes and protects all information received as if it is HIPAA protected information. Please see Attachment I – HIPAA Privacy Policy & Procedure Manual. |

* + 1. **Experience Serving State Governments -** Please provide a brief description of your company’s experience in serving state governments and/or quasi-governmental accounts.

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| Aging & Community Services of South Central Indiana, Inc. dBa Thrive Alliance has 41 years of experience in serving state governments. Beginning in 1981, we have been the Area 11 Area Agency on Aging (AAA) within the state of Indiana. We have also held the Foster Grandparent contract with the National Corporation for National & Community Service since 1988, providing Bartholomew, Brown, Jackson, Jennings, and Decatur counties with these services. In 1993, the agency undertook the contract for Adult Guardianship services through FSSA. We also provide Medicaid Waiver services through the State programming. |

* + 1. **Experience Serving Similar Clients -** Please describe your company’s experience in serving customers of a similar size to the State with similar scope. Please provide specific clients and detailed examples.

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| The agency primarily serves the five county area of Bartholomew, Brown, Jackson, Jennings, and Decatur counties. We are also members of the Indiana Association of Area Agencies of Aging (IAAAA), providing other State services within our five main counties. We have successfully provided First Steps services since 1994, which has increased the service area and responsibility to cover 25 counties within the state of Indiana. |

* + 1. **Payment -** Removed at the request of the agency.