



Request for Proposals (RFP)

RFP – 01-2022

Transportation Services

December 10, 2021

LifePath Systems
Attn: Melissa Doan
1515 Heritage Drive, Suite 105
McKinney, TX 75069

bhcontracts@lifepathsystems.org

Issue Date: December 10, 2021

Due Date: January 7, 2022 – 5:00pm

INVITATION

LifePath Systems is accepting Proposals from Providers experienced in providing Transportation Services from one or more locations throughout Collin County or from contiguous counties.

LifePath invites your firm to submit a Proposal. If you are interested in submitting a Proposal, please adhere to the Instructions and Requirements as outlined throughout the enclosed Request for Proposal.

A copy of the Request for Proposal (RFP) may be obtained from LifePath's website at <http://www.lifepathsystems.org/contracting-opportunities> or by contacting Melissa Doan at bhcontracts@lifepathsystems.org.

Vendors wishing to submit proposals are requested to submit a written letter of intent to propose by December 17, 2021 - 5:00 p.m. CDT. An email attachment sent to Melissa Doan at bhcontracts@lifepathsystems.org will be accepted. Letters being faxed should be sent Attn: Melissa Doan at (972) 665-0076. The letter must identify the name, address, phone, fax number and email address of the person who will serve as the key contact for all correspondence regarding this RFP. Subject line for an email or fax should be "Letter of Intent for – RFP 01-2022". Vendors who submit an intent to propose will receive notification of all questions received and LifePath's answers to those questions in addition to any addenda that are issued. If a letter of intent is not submitted, it will be the Vendor's responsibility to monitor LifePath's website to view answers to submitted questions and for any addenda issued for the RFP.

Vendors shall pay particular attention to all **INSTRUCTIONS, REQUIREMENTS, ATTACHMENTS and DEADLINES** indicated in the attached Proposal and should govern themselves accordingly.

In accepting proposals, LifePath reserves the right to reject any and all proposals, to waive formalities and reasonable irregularities in submitted documents, and to waive any requirements in order to take the action, which it deems to be in the best interest of LifePath and is not obligated to accept the lowest Proposal. This RFP does not obligate LifePath to pay for any costs incurred by respondents in the preparation and submission of a proposal. Furthermore, the RFP does not obligate LifePath to accept or contract for any expressed or implied services. Contract funding and length is contingent on HHSC funding.

LifePath will only release names of the Vendors that have responded to this solicitation after LifePath's Evaluation Team has evaluated the Proposals and an award has been made and approved by the LifePath Board of Trustees.

We greatly appreciate your efforts and look forward to reviewing your submission.

Kate McCormick, *Contract Administrator*
LifePath Systems

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INTRODUCTION

Collin County Mental Health and Mental Retardation dba LifePath Systems (“LifePath”) is the Health and Human Services Commission (“HSHC”) designated Local Authority. The Local Authority is established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health and intellectual and developmental disabilities services for the residents of Collin County, Texas.

LifePath’s Mission is:

To serve individuals and families impacted by behavioral health, intellectual or developmental challenges, resulting in stronger communities.

LifePath’s Values are:

Service Excellence: We will provide timely, professional, effective and efficient service to all individuals receiving services.

Stewardship of Resources: We will utilize all Center resources efficiently, appropriately and with transparency and ethical and fiscal accountability.

Integrity: We will act with honesty and honor without compromising the truth.

Employee Development: We understand that the professionalism and drive of our people are the most important factors in the quality of the services LifePath provides. We will hire talented people, increase their skills through training and experience, and provide opportunities for personal and professional growth within the Center.

Credibility: We will strive to earn enduring credibility with our stakeholders, which we believe is essential to maximize our potential as a health care provider.

Community: We will continue to help meet the needs of an underserved segment of our population thus contributing to society and demonstrating social responsibility.

Continuous Improvement in Measurable Ways: We will identify the key needs of individuals receiving services, assess how well we meet those needs, continuously improve our services and measure our progress.

LifePath invites qualified Provider(s) to submit proposals for Transportation Services to individuals receiving services by LifePath Systems. Services will be procured for a contracted period of seven (7) months beginning February 1, 2022, and ending August 31, 2022, with additional contract renewals at the sole option of LifePath.

Services Sought:

- 1.) On-Demand Transportation Services
- 2.) Scheduled Transportation Services

SCHEDULE

RFP Distribution/Opening:	December 10, 2021
Deadline for Letter of Intent:	December 17, 2021
Deadline for Questions:	December 23, 2021
Deadline for Final Response to Questions:	December 30, 2021
Sealed Proposal Due:	January 7, 2022

PROPOSAL SPECIFICATIONS

LifePath Systems, a community MHMR center and a governmental unit of the State of Texas under the provisions of Vernon's Texas Codes Annotated, Health and Safety Code, Section 534 et seq., is seeking to contract with experienced providers for the purpose of providing Transportation Services to eligible individuals in an effective, cost-efficient, and quality manner in accordance with state requirements and community standards.

Notice is hereby given that LifePath will receive proposals from providers interested in offering Transportation Services. All Proposals must be submitted with **an original and four (4) copies** to LifePath Systems, ATTN: Melissa Doan, 1515 Heritage Drive, Suite 105, McKinney, TX 75069 no later than **January 7, 2022, at 5:00p.m.** *All Proposals must be submitted in a sealed envelope marked:*

REQUEST FOR PROPOSAL RFP# 01-2022

Transportation Services

DO NOT OPEN IN MAILROOM

Proposals will not be opened until after the deadline.

LATE PROPOSAL OR MODIFICATIONS:

Proposal and modifications received after the time set for submission will not be considered.

SCOPE OF SERVICES

Transportation Services

Contractor Required Activities

1. Contractor must:
 - a. Serve Collin County and contiguous counties.
2. Contractor staff providing service under the agreement must:
 - a. Not have been convicted of an offense listed under Texas Health and Safety Code §250.006; and
 - b. Not be listed as unemployable in the Employee Misconduct Registry or revoked in the Nurse Aid Registry, which are maintained by the Texas Department of Human Services.
3. Contractor shall agree that its name, contact information and certain other pertinent information may be used, along with a description of its services in any information distributed by LifePath listing its Network Providers.
4. Contractor shall obtain authorization from LifePath prior to transport.
5. Contractor shall provide services in accordance with all applicable federal and state laws and regulations.
6. Contractor shall maintain a transportation log and submit to LifePath on a monthly and as needed basis.
7. Contractor shall submit incident reports to LifePath's Quality Management Department within two (2) hours of the incident.
8. Contractor shall provide LifePath with evidence that it maintains its certifications/accreditations throughout the term of the Contract.
9. Contractor shall represent and warrant compliance with HHSC Assurances – Non-Construction Programs and HHSC Contract Affirmations throughout the term of the Contract.
10. Contractor shall notify LifePath of regulatory reviews/audits and make those findings available to LifePath.

LifePath Required Activities

1. LifePath shall provide a list of staff who are approved to authorize rides for individuals receiving services.
2. LifePath shall schedule rides by designated time on the day before the ride is needed, providing agreed upon information, to include:
 - a. Individual's client identifying # (Local Case Number)
 - b. Individual's name
 - c. Date of ride
 - d. Time of individual's appointment
3. If individual notifies LifePath to cancel their ride, LifePath shall contact Contractor as soon as possible.

Qualified Service Activities

To be a qualified service provider, one must:

1. Be a staff member or contractor of the program provider;
2. Be paid by the provider to provide the particular service being claimed;
3. Not have been convicted of an offense listed under Texas Health and Safety Code§250.006;
4. Not be listed as unemployable in the Employee Misconduct Registry or revoked in the Nurse Aid Registry, which are maintained by the Texas Department of Human Services;
5. Have a valid Driver's License; and
6. Have a good driving record and knowledge of driving safety.

Billing

1. Contractor shall be reimbursed in the amount of the agreed upon rate per ride based upon the receipt of required documentation, as described below:
 - a. Submission of transportation log, to include Local Case Number.
2. Contractor shall issue invoices to LifePath on a monthly basis.
3. Contractor shall bill LifePath for uninsured individuals' services only. Contractor shall bill the third party for any individuals with third party benefits such as: Medicaid, private insurance, Medicare etc.
4. Invoices must be submitted by the third (3rd) calendar day of the month following the month of service.
 - a. Invoices shall be accepted up to sixty (60) days past the deadline.
 - b. All invoices must be submitted within thirty-five (35) days of the end of the fiscal period.Late billing will not be considered for payment.
5. Contractor shall re-bill and refund any services paid for by LifePath for individuals who have other identified benefits. Refund shall be made within thirty (30) days of identifying the overpayment.
6. Contractor shall forfeit payment for service if:
 - a. Provided without prior authorization;
 - b. Unable to bill third party or Medicaid due to timeliness and the error is not on LifePath's part.

REQUIRED DOCUMENTATION AND PROCEDURES FOR SUBMITTING PROPOSAL

All required documentation must be submitted with the proposal. **The bidder is cautioned to read the entire RFP to determine all requirements.** LifePath RESERVES THE RIGHT TO REJECT A PROPOSAL WHICH DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THE RFP.

1. **Number of Copies** - To achieve a uniform review process and to obtain a maximum degree of comparability, LifePath requires that Proposal be submitted with a **one (1) master** (marked original) and **four (4) copies**. Each must include the following items:
 - a. **Title Page** - Title page must show the RFP subject; the Vendor's name; the name address, and telephone number of a contact person; and the date of the proposal.
 - b. **Transmittal Letter** - Submit a signed letter briefly addressing the Vendor's understanding of the work to be done, the commitment to do the work detailed within this RFP and a statement explaining why the Vendor believes itself to be best qualified to do the required work.
 - i. **Vendor Representative** - Include the name of the designated individual(s), along with respective telephone number(s), email address(es), who will be responsible for answering technical and contractual questions with respect to the proposal.
 - c. **Vendor Application** - must be filled out in its entirety.
Response format as follows: State the question or item exactly as appears; then provide your detailed response.

Questions fall under the following sections:

- I. Business Demographics
- II. Staffing Plans
- III. Services
- IV. Fleet
- V. Quality Assurance Processes and Monitoring
- VI. Certificate of Insurance
- VII. Financial Information
- VIII. Cost Proposal
- IX. Risk Profile
- X. Implementation Plan
- XI. Client Reference

All application response attachments must be labeled to reference the appropriate section and letter (i.e., "VI. a.")

- d. **Assurances, Certifications, Exhibits and Attachments** – Vendor must submit the Assurance and Certifications and all Attachments requested, to include:
- i. Vendor will submit a copy of their standard contract along with proposal. Label this **(Attachment A)**
 - ii. **Signature Page (Attachment B)**
 - iii. **Resident/Non-Resident Certification (Attachment C)**
 - iv. **Assurances Document (Attachment D)**
 - v. **Conflict of Interest Questionnaire (Attachment E)**
 - vi. Vendor shall review **Texas Administrative Code §412.54(c)** and provide a written response signed by Authorized Individual **(Attachment F)**
 - vii. Vendor shall review **Texas Health and Safety Code §250.006** and provide a written response signed by Authorized Individual **(Attachment G)**
 - viii. **Form W-9 (Attachment H)**
 - ix. **Lobbying Certification (Attachment I)**
 - x. **Deviation Form (Attachment J)**

APPLICATION

I. Business Demographic

Organization Name: _____

Organization dba Name: _____

Federal Tax ID Number: _____

Business Address: _____

Contact/Title: _____

Email Address: _____

Address: _____

Phone/Fax: _____

Executive Director-Owner/Title: _____

Email Address: _____

Address: _____

Phone/Fax: _____

Billing Contact/Title: _____

Email Address: _____

Address: _____

Phone/Fax: _____

Other Owners/Partners – Name/%Ownership/If corporate, list organization:

1. _____

2. _____

3. _____

4. _____

Type of Organization (i.e., Non-Profit Corporation, Limited Liability, General Partnership, etc.):

Years in operation: _____

Hours of operation: _____

Certification Number if a Historically Underutilized Business: _____

Qualifications if HUB eligible, but not certified: _____

List all licenses, credentials, certifications, and/or accreditations currently held by organization:

(Provide copies as applicable): _____

II. Staffing Plans

- a. If more than 100 employees, the RFP submission must include the Vendor's status regarding equal employment opportunity. Please submit verification of status using the Employer Information Report EEO-1 or the State and Local Government Report EEO-4.

III. Services

Provide a brief description of your materials and/or services for Transportation as defined in this proposal:

- a. Identify the service type your organization is applying to provide:
 - On-Demand Transportation Services
 - Scheduled Transportations Services
 - Both On-Demand and Scheduled Transportation Services
- b. Describe your service area coverage.
- c. Describe how you currently provide services or a similar service model. Include the following:
 - Detail group ride share options
 - Detail company voucher options
 - Detail average wait times for On-Demand, as applicable
 - Detail minimum time needed to request Scheduled, as applicable
- d. Describe your regular hours of operation and when transportation will not be available, such as specific holidays.
- e. Describe your process for cancellations and no-shows, including any associated fees.
- f. Describe your experience with individuals with behavioral and/or physical health needs.
- g. Describe what value-added service you will provide and how you will make this service welcoming to the population served.
- h. Provide your policy and procedure that specifies your approach to behavioral and physical health emergencies.

IV. Fleet

Provide a brief description of your fleet for Transportation Services as defined in this proposal.

- a. Describe the availability by category (On-Demand, Scheduled, Handicap Accessible, etc.).
- b. Describe vehicle service maintenance plan and indicate if the proof is kept in the vehicle.

V. Quality Assurance Processes and Monitoring

Provide information regarding Vendor's capacity for compliance with LifePath's quality assurance processes, to include:

- a. Describe the Quality Management and Improvement system currently in place in your program.
- b. Describe in detail, performance indicators used in measuring and monitoring service performance and goals.

VI. Certificate of Insurance

Provide a Certificate of Insurance secured and maintained with an insurance company, or companies, licensed to do business in Texas for the following coverage in the following amounts:

- a. Comprehensive general liability, professional liability, and employee misconduct insurance with limits of at least \$1,000,000 per occurrence, \$3,000,000 aggregate.
 - Include directors' and officers' professional liability, errors and omissions, and breaches of privacy.

- b. Sufficient coverage to meet the requirement of State law for Workers' Compensation on its employees providing services under this Contract.

VII. Financial Information

- a. Are you publicly or privately held? If public, include symbol.
- b. Are you a subsidiary? If so, what is your parent company's core business?
- c. Has company been part of any mergers or acquisitions in the last 3 years? If so, please describe.
- d. What is the average number of transports provided in the service area per day?
- e. How many total users are there in your system?

VIII. Cost Proposal

- a. Describe your proposal fee structure.
- b. Describe your current capacity under current contracts.
- c. Describe how you will maximize other payer sources to ensure LifePath is the payer of last resort.

IX. Risk Profile

- a. Identify whether you, as an entity, or anyone employed by you providing direct service or employed in a management position had any validated/confirmed abuse, neglect, or rights violations claims in the last three (3) years.
If "yes", provide a detailed explanation.
- b. Identify whether you, as an entity, or anyone employed by you providing direct service or employed in a management position is currently under investigation or has had a license or accreditation revoked by any state, federal, or local authority or licensing agency within the last five (5) years.
If "yes", provide a detailed explanation.
- c. Identify whether you, as an entity, or anyone employed by you providing direct care or employed in a management position has had any felony convictions.
If "yes", provide a detailed explanation.
- d. Identify whether you have ever been placed on vendor hold by an agency or company.
If "yes", provide a detailed explanation.
- e. Identify any lawsuits or litigation involving services to which you have been a party during the past five (5) years.
If "yes", Provide details on any judgments.
- f. Identify whether you, as an entity, or any of your employees Medicaid Provider number(s) have ever been suspended or revoked.
- g. Provide a list of service contracts for which you have been terminated for cause in the last five (5) years.
If "yes", provide a detailed explanation.
- h. Provide any company policies that outline your procedures in dealing with current or future employees who are convicted felons.

X. Implementation Plan

- a. Briefly describe the project management approach you will use to implement and operate the Transportation Services within the contracted timeframe.

XI. Client References

Provide a minimum of three client references. For each client listed, include the following:

- Agency name and address

- Name or Point of Contact (POC)
- POC email address and telephone number
- Dates of services provided to client
- Type of services provided to client

**ATTACHMENT B
SIGNATURE PAGE**

The attached proposal application is being submitted in response to the Transportation Services RFP # 01-2022. The proposal is a firm offer and shall remain an open offer, valid for one hundred and twenty (120) days from the date of this document.

LifePath in its sole and absolute discretion shall have the right to award contracts for any or all materials listed in each proposal, shall have the right to reject any and all proposals and shall not be bound to accept the lowest proposal and shall be allowed to accept the total proposal of any one vendor. I understand that this proposal will be reviewed and evaluated according to the procedures indicated in this RFP.

Authorized Signature

Company Name

Typed or Printed Name

Street Address

Title

City, State, Zip Code

Telephone Number

Fax Number

Email Address

**ATTACHMENT C
RESIDENT/NON-RESIDENT CERTIFICATION**

Contractor must answer the following questions in accordance with the Texas Government Code §2252.002, as amended:

- A. Is the Contractor that is making and submitting this bid a “resident Contractor” or a “non-resident Contractor”?

Answer: _____ Resident Contractor _____ Non-resident Contractor

- (1) Texas Resident Contractor - A Contractor whose principal place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
- (2) Nonresident Contractor - A Contractor who is not a Texas Resident Contractor.

- B. If the Contractor is a “Non-resident Contractor”, does the state in which the Nonresident Contractor’s principal place of business is located have a law requiring a Nonresident Contractor of that state to bid a certain amount or percentage under the bid of a Resident Contractor of that state in order for the nonresident Contractor of that state to be awarded a contract on his bid in such state?

Answer: _____ Yes _____ No Which state? __

- C. If the answer to Question B is “yes”, then what amount or percentage must a Texas Resident Contractor bid under the bid price of a Resident Contractor of that state in order to be awarded a contract on such bid in said state?

Answer: _____

ATTACHMENT D ASSURANCES DOCUMENT

Proposer assures the following:

1. All addenda and attachments to the RFP as distributed by the Local Authority and designated by the checklist have been received.
2. No attempt has been or will be made by the Proposer to induce any person or firm to submit or not to submit a Proposal, unless so described in its Proposal.
3. The Proposer does not discriminate in its services or employment practices on the basis of race, color, genetic information, religion, sex, national origin, disability, veteran status, or age.
4. All cost and pricing information is reflected in the RFP response documents or attachments.
5. Proposer accepts the terms, conditions, criteria, and requirements set forth in the RFP.
6. Proposer accepts the Local Authority's right to cancel the RFP at any time prior to Contract award.
7. Proposer accepts the Local Authority's right to alter the timetables for procurement that are set forth in the RFP.
8. The Proposal submitted by the Proposer has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
9. Unless otherwise required by law, the information in the Proposal submitted by the Proposer has not been knowingly disclosed by the Proposer to any other Proposer prior to the notice of intent to award.
10. No claim will be made for payment to cover costs incurred in the preparation of the submission of the Proposal or any other associated costs.
11. Local Authority has the right to complete background checks and verify information.
12. The individual(s) signing this document and any Contract awarded to Proposer is authorized to legally bind the Proposer.
13. No employee of the Local Authority or HHSC, and no member of the Local Authority's Board will directly or indirectly receive any pecuniary interest from an award of the proposed Contract to Proposer. If the Proposer is unable to make the affirmation, then the Proposer must disclose any knowledge of such interests. See Attachment F.
14. Proposer is not currently held in abeyance or barred from the award of a federal or state contract.
15. Proposer is not currently delinquent in its payments of any franchise tax or state tax owed to the state of Texas, pursuant to Texas Business Corporation Act, Texas Civil Statutes) Article 2.45.
16. Proposer shall disclose whether any of the directors or personnel of Proposer has either been an employee or a trustee of Local Authority within the past two (2) years preceding the date of submission of the Proposal. If such employment has existed, or at term of office served, the Proposal shall state in an attached writing the nature and time of the affiliations as defined. See Attachment F.
17. Proposer shall identify in an attached writing any trustee or employee of Local Authority who has a financial interest in Proposer or who is related within the second degree by consanguinity or affinity to a person having such financial interest. Such disclosure shall include a complete statement of the nature of such financial interest and the relationship, if applicable. See Attachment F.
18. No former employee or officer of HHSC and/or Local Authority directly or indirectly aided or attempted to aid in procurement of Proposer's service.
19. Proposer shall disclose in an attached writing the name of every Local Authority employee and/or member of Local Authority's board with whom Proposer is doing business or has done business during the 365 day period immediately prior to the date on which the Proposal is due; failure to include such a disclosure will be a binding representation by Proposer that the natural

person executing the Proposal has no knowledge of any key persons with whom Proposer is doing business or has done business during the 365 day period prior to the immediate date on which the Proposal is due. See Attachment F.

20. Under Section 231.006, Family Code, the vendor or applicant certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate. For purposes of the foregoing sentence, "vendor or applicant" shall mean Proposer; contract, bid or application shall mean the Proposal; and "this contract" shall mean any Contract awarded to the Successful Proposer(s).

Signature of Applicant or Applicant's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)

LIFEPATH SYSTEMS
KEY PERSONS LIST
December 2021

NAME	TITLE	BUSINESS ADDRESS	BUSINESS PHONE#
Tammy Mahan, MA, LPC-S	Chief Executive Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Pete Kabira	Chief Operating Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Jennifer Morgan	Chief Financial Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Holly DuBois, MD	Medical Director		
Danielle Sneed	Director of Behavioral Health	1515 Heritage Drive McKinney, TX 75069	972-422-5939
Jennifer Day	Director of Human Resources	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Rik Lindahl	Director of Planning, Compliance and Quality Initiatives	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Brent Phillips-Broadrick	Director of Strategic Initiatives	1515 Heritage Drive McKinney, TX 75069	972-562-0190
David Robinson	Data Base Administrator	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Glenna Garcia	Assistant Director of Authority Services	1515 Heritage Drive McKinney, TX 75069	972-422-5939
Linda Miller	Assistant Director of Utilization Management & Quality Assurance	7308 Alma Drive Plano, TX 75025	972-422-5939
Melanie Gann	Assistant Director of Provider Services	7308 Alma Drive Plano, TX 75025	972-422-5939
Jessica Phillips	BH Innovations Program Administrator	1515 Heritage Drive McKinney, TX 75069	972-422-5939
Terri Donsbach	Crisis Services Program Administrator	1416 N. Church Street McKinney, TX 75069	972-422-5939
Megan Rasmussen	Crisis Services Program Administrator	1416 N. Church Street McKinney, TX 75069	972-422-5939
Jenna Stevens	SUD Services Program Administrator	1515 Heritage Drive McKinney, TX 75069	972-422-5939
Jordan Planchon	Client Rights Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Kate McCormick	BH Contract Administrator	1515 Heritage Drive McKinney, TX 75069	972-422-5939
Dr. Rick Crawford	Board Chair		
Dona Watson	Board Vice-Chair		
Anne Bramlett	Board Secretary		
Arthur Cotton	Board Member		
Matt Duncan	Board Member		
Chief Doug Kowalski	Board Member		
Dr. Ernest Myers, Jr.	Board Member		
Tony Nichols, CPA	Board Member		
Captain Mitch Selman	Board Member		
Melvin Thathiah, Esq.	Board Member		

**ATTACHMENT E
CONFLICT OF INTEREST QUESTIONNAIRE**

Please retrieve CIQ Form from the following website:
<https://www.ethics.state.tx.us/data/forms/conflict/CIQ.pdf>
(Attach completed CIQ Form as part of your proposal)

A signature is required in Box 7 regardless of any other entry on the form.

**ATTACHMENT F
DISCLOSURE OF KINSHIP**

Pursuant to the [Texas Administrative Code §412.54\(c\)](#)

**ATTACHMENT G
NOTICE OF FELONY CONVICTION**

Pursuant to the [Texas Health and Safety Code §250.006](#)

**ATTACHMENT H
FORM W-9
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

Vendors are to complete a W-9 Form and submit with Proposal Documents.

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

**ATTACHMENT I
LOBBYING CERTIFICATION**

The undersigned certifies, to the best of his or her knowledge and belief that:

- 1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress an officer or employee of Congress or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Date

Print Name of Authorized Individual

Title of Authorized Individual

Organization Name

**ATTACHMENT J
DEVIATION FORM**

All deviations to this RFP must be noted on this sheet. In the absence of any entry on this Deviation Form, the prospective Vendor assures LifePath of their full agreement and compliance with the Specifications and Terms and Conditions.

Each response to this RFP shall contain a Deviation Form, which states the prospective Vendor's commitment to the provisions of the RFP. An individual authorized to execute contracts must sign the Deviation Form. Any exceptions taken to the terms and conditions identified in this Proposal must be expressly stated in the Deviation Form. Use an additional copy or page if needed.

THIS DEVIATION FORM MUST BE SIGNED AND SUBMITTED WITH THE RFP BY EACH PROSPECTIVE VENDOR/CONTRACTOR WHETHER THERE ARE DEVIATIONS LISTED OR NOT. IF NO DEVIATIONS, NOTE: NONE

Reference Specifications, Terms and Conditions and Page Number	Deviation

Company Name

Authorized Signature

Date

NOTICE "NOT TO PARTICIPATE" FORM

Dear Vendor:

Please check the appropriate box below, complete the remainder of this form and return it PRIOR to the scheduled due date and time on the Proposal.

- Our Company cannot provide the products, supplies and/or services listed in this request. Please MOVE our name and address to the following services so that we may submit bids/proposal at a later date:

Services: _____

- Our Company has chosen NOT to submit a Proposal at this time, but would like to remain on your list for this Proposal category. We did not submit a Proposal because:

Reason: _____

- Please REMOVE our Company name from all LifePath MHMR lists until further notice.

Reason: _____

Company Name: _____

Representative (printed): _____

Title: _____

Address: _____

Phone: _____

Email: _____

Fax _____

Other: _____

Authorized Signature: _____

Title: _____

Date: _____

VENDORS WHO RESPOND TO THIS INVITATION WITH A COMPLETED PROPOSAL FORM WILL REMAIN ON OUR MAILING LIST.

VENDORS MAKING NO RESPONSE MAY BE REMOVED FROM THE MAILING LIST.

PLEASE RETURN THIS FORM ONLY TO:

LifePath Systems
Attn: Melissa Doan
1515 Heritage Drive
McKinney, TX 75069

Notice "Not to Participate" RFP 01-2022 Transportation Services