

APPENDIX A

AGENCY INFORMATION

INSTRUCTIONS: Complete this form for your agency/ provider as a whole and where applicable.

A. GENERAL INFORMATION:

1. Agency/Organization/Provider Legal Name:

If Agency has parent organization, please identify:

2. Address:

Mailing Address (if different):

Telephone Number: _____

E-Mail address: _____

Chief Executive Officer/Director: _____

3. Contact person for proposal submission if different from Director:

Program Provisions:

Budget Section:

Phone# _____ Email: _____

Phone# _____ Email: _____

4. Name(s) and title(s) of person(s) authorized to sign legal agreements for the Agency:

Name

Title

Name

Title

5. Agency Tax Identification Number (TIN): _____

6. Type of organization (non-profit, private, corporation, government agency, etc.) _____
Date formed _____

7. Is your organization subject to licensing or accreditation? _____ Yes _____ No

8a. If yes, are your required licenses and certifications current? (Please submit copies) If no, explain briefly:

8b. Have your agency or provider in your agency ever had a license or certification revoked or suspended? _____ Yes _____ No If yes, explain briefly:

9. Does your agency have a staff development/training program? _____ Yes _____ No
If yes, please explain including required hours and curriculum.

B. BACKGROUND INFORMATION:

1. Describe your organization's history and experience in providing services similar to or related to the proposed services. - Attach no more than one page of history.

2. How many people are on your professional staff? _____. Please show the number of staff who would fall into each of the following categories:

_____ Male _____ Anglo _____ Hispanic _____ Asian

_____ Female _____ African-American _____ Other culture: specify _____

_____ Native American _____ Spanish Speaking _____ Other languages: specify _____

C. ACCOUNTING/FINANCIAL:

The Superior Court requires that agencies serving the Court shall maintain a true and accurate accounting system which meets acceptable practices of the accounting profession, and which is capable of properly accounting in a timely manner for all expenditures and receipts of the agency. The agency must provide an audit trail for all funds received from the Court and will be subject to audit by representatives of the Court finance department.

1. Do you presently have an accounting system? _____ Yes _____ No
If yes, briefly describe:

Please answer the following general questions. Each type of evaluation for which you apply, will have more specific questions within that area.

1. Are there any limitations or exclusions in the type of clients you would accept as referrals? If so, please identify.
2. What is your average time from referral to completed report? Do you have the ability to accept electronic referrals over the computer and/or faxed documents? Do you use computer/word processing software to complete your reports?
3. How do you assess and evaluate risk?
4. How do you determine the need for a psychiatric/psychological evaluation?
5. Please provide current Curriculum Vitae/resume of each evaluator providing service.
6. Why should the Court contract with you or your agency to conduct these requested psychiatric/psychological evaluations?