

APPENDIX A

AGENCY INFORMATION

INSTRUCTIONS: Complete this form for your agency as a whole.

Agency/Organization Legal Name: _____

If Agency has parent organization, please identify: _____

Address: _____

Mailing Address (if different): _____

Telephone Number: () _____

Telephone Number: () _____

Chief Executive Officer/Director: _____

Email: _____

Contact person for proposal submission if different from Director:

Program Provisions: _____

Budget Section: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

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

Name: _____

Title: _____

Name: _____

Title: _____

Type of Organization (non-profit, private, corporation, government agency, etc.)

Date formed: _____

Agency Tax Identification Number (TIN) OR Social Security Number: _____

Is your organization subject to licensing or accreditation? Yes ____ No ____

By whom? _____

a. If yes, are your required licenses, accreditations, certifications up-to-date?

Yes _____ No _____. If no, briefly explain: _____

b. Has your agency or any personnel ever had a license revoked or suspended?

Yes _____ No _____ If yes, briefly explain: _____

c. Does your agency have formal personnel policies?

Yes _____ No _____ If no, briefly explain: _____

d. Does your agency have a staff development/training program? Yes _____ No _____

Please explain, including required hours and curriculum: _____

e. Does your agency have a formal ADA policy? Yes _____ No _____ If no, briefly

explain: _____

f. Does your agency consist of Ph.D. or Masters' Degree level certified behavioral health professionals, and/or licensed staff through ADHS/BHS either as Program Directors or consultants, to provide documented clinical supervision for service counseling staff.

Yes _____ No _____

If yes, please list name(s):

Name: _____ Name: _____

Name: _____ Name: _____

g. Does your agency subcontract for services and if so will subcontractor be able to abide by all aspects of the contract herein? Yes _____ No _____. If yes, please list agencies.

h. Does your agency provide services at more than one (1) location? Yes _____ No _____

If yes, state how many locations and their addresses. How many locations? _____

Address: _____

Address: _____

Phone: _____

Phone: _____

i. Does your agency agree to submit to background checks for all personnel who will provide direct services to probation clientele? Yes _____ No _____

j. If providing substance abuse services, does your agency have direct counseling staff with at least a Bachelor degree, licensure, and/or certification as a CSAC or other equitable certification, and meet the minimum requirements of the Arizona Board of Behavioral Health Examiners?

Yes _____ No _____ Not Applicable: _____

k. Do you have a Board of Directors? Yes _____ No _____

List Members: _____

l. How many people are on your staff? _____. Please show the number of staff that are in each of the following categories:

_____ Male _____ Anglo _____ Hispanic

_____ Female _____ African-American _____ Other

_____ Asian _____ Native American _____ Spanish
_____ speaking

_____ ASL _____ LGBTQ

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: _____

Is the system computerized: _____ Yes _____ No

If yes, name of program used: _____

2. Name of individual/firm maintaining your fiscal records:

Name: _____

Address: _____

Telephone Number: _____ Email: _____

3. Name of individual/firm performing your last audit:

Name: _____

Address: _____

Telephone Number: _____ Email: _____

4. Are any suits, judgments, tax deficiencies, or other claims in process against your organization, please explain below:

ATTACHMENTS:

- Attach a copy of your organizational structure.
- Attach job descriptions and minimum qualifications along with resumes for the administrators, directors and direct service staff, including licenses of all certified and/or licensed counselors.
- Attach Mission Statement.
- Attach a copy of the most recent licenses issued by the Arizona Department of Health Services, Office of Behavioral Health Examiners, including any other site licenses.

INSURANCE REQUIREMENTS:

Types of coverage with limit amounts are located in the Sample Agreement, **Appendix J**, located under the Article titled - Insurance Requirements.