**REQUEST FOR PROPOSAL FWBP-CHC-26-004**

**Attachment H: Wrap Around Child Care Program Application**

**Fully complete and include the information behind Tab 4, in the order below. The responses should apply to the bidder’s organization as a whole and must include one Organization Packet and one Service Location Group Packet for each Service Location Group.**

* **Bidder Organization Packet:**
	+ **Form 1:** **Minority Impact Statement** (complete provided form)
	+ **Form 2: Table of Organization for Overall Operations** (from the bidder organization-for the evaluation committee to understand the organization)
	+ **Form 3: Table of Organization Specific to RFP** (for the evaluation committee to understand the proposal)
	+ **Form 4: Family Eligibility Form** (from bidder organization)
	+ **Form 5: Wrap Around Child Care Program Organization Details**
* **Service Location Group Packet (includes the following forms for each Service Location Group):**
	+ **Form 6: Service Location Group Identification Form**
	+ **Form 7: Service Location Group Questionnaire**
	+ **Form 8: Service Location Group Schedule**
	+ **Form 9: Service Location Group Details** (All items below for each Service Location/Facility)
		- **Subcontractor Detail Form**
		- **Subcontractor Disclosure Form**

 **FWBP-CHC-26-004**

**Bidder Organization Packet**

**Include One Organization Packet**

 **FWBP-CHC-26-004**

**Bidder Organization Packet**

#  **Form 1: Minority Impact Statement**

(Return this completed form behind Tab 4 of Bid Proposal)

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state’s mechanism to require grant applicants to consider the potential impact of the grant Project’s proposed programs or policies on minority groups.

**Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).**

[ ]  The proposed grant Project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

**Describe the positive impact expected from this Project.**

Indicate which group is impacted:

\_\_\_Women

\_\_\_ Persons with a Disability

\_\_\_ Blacks

\_\_\_ Latinos

\_\_\_ Asians

\_\_\_ Pacific Islanders

\_\_\_ American Indians

\_\_\_ Alaskan Native Americans

\_\_\_ Other

[ ]  The proposed grant Project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

 **Describe the negative impact expected from this Project.**

**Present the rationale for the existence of the proposed program or policy.**

**Provide evidence of consultation of representatives of the minority groups impacted.**

Indicate which group is impacted:

\_\_\_Women

\_\_\_ Persons with a Disability

\_\_\_ Blacks

\_\_\_ Latinos

\_\_\_ Asians

\_\_\_ Pacific Islanders

\_\_\_ American Indians

\_\_\_ Alaskan Native Americans

\_\_\_ Other

[ ]  The proposed grant Project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

 **Present the rationale for determining no impact.**

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge: Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Title:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Definitions**

**“Minority Persons,”** as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

**“Disability,”** as defined in Iowa Code Section 15.102, subsection 5, paragraph “b,” subparagraph

(1):*b.* As used in this subsection:

 (1) *"Disability"* means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

 *"Disability"* does not include any of the following:

 (a) Homosexuality or bisexuality.

 (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.

 (c) Compulsive gambling, kleptomania, or pyromania.

 (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

**“State Agency,”** as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other Agency or authority of the State of Iowa.

 **FWBP-CHC-26-004**

**Bidder Organization Packet**

**Form 2: Insert Table of Organization Overall Operations**

**Form 3: Insert Table of Organization Specific to RFP**

**Form 4: Insert Family Eligibility Form**

**Form 5: Wrap Around Child Care Program Organization** **Details** (scored)

**Bidder Organization Packet**

**Form 5:** **Wrap Around Child Care Program Organization Details** (Scored)

**Instructions**

Bidders shall complete all sections of this form. The responses on this form should broadly describe the bidder’s plan and be inclusive of all of the locations you are seeking to fund. No response on this form should be specific to any Service Location or Service Location Group. The responses in this form should apply to the bidder’s organization as a whole and should not be separated by Service Locations or Service Location Group(s).

Use the yellow shaded fields to indicate the answers to the questions. The yellow fields will automatically expand to accommodate content. Preserve the original format of this form and do notedit ordelete any of the text on this form.

The page limit for the bidder’s response to the following 14 questions, including all pre-populated text in this form, is **10 pages** on standard 8.5 x 11 paper.

1. **Goals and Objectives** (Total Points Possible = 20)
Provide a BRIEF and broad overview description of your organization’s goals and objectives.

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1. **Program Description** (Total Points Possible = 20)
Provide a BRIEF and broad overview description of your Wrap Around Child Care Program. Include a description of your Wrap Around Child Care Program’s history and demonstration of qualify of services provided.

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1. **Needs Assessment** (Total Points Possible = 20)
Provide a BRIEF and broad overview description outlining the overall need for Wrap Around Child Care Program for the area that you propose to serve. Identify how the funding of your Proposal will impact the Core Program(s), Core Program Attendees, and families involved in the Core Program(s).

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1. **Community Collaborations** (Total Points Possible = 20)
Identify the bidder’s community collaborative relationships that the bidder either has, or is developing, that may improve the outcomes for Core Program Attendees in the Wrap Around Child Care Program as a whole.

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1. **Inclusive Environment** (Total Points Possible = 20)Briefly identify how the bidder proposes to provide services for children with diverse needs, including those with identified disabilities, dual language learners, identified behavioral needs, and/or specialized health needs.

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1. **Employee Retention** (Total Points Possible = 20)
Briefly describe how the bidder plans to support and retain qualified staff.

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1. **Child Eligibility** (Total Points Possible = 20)
Briefly describe how the bidder plans to verify and document how each child is eligible for the Wrap Around Child Care Program.

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1. **Family Eligibility** (Total Points Possible = 20)

Briefly describe how the bidder plans to verify and document each family is eligible for the Wrap Around Child Care Program.

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1. **Service Location (Facility) Eligibility** (Total Points Possible = 20)

Briefly describe how the bidder plans to verify and document each Service Location is eligible for the Wrap Around Child Care Program.

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1. **Food and Nutrition Plan** (Total Points Possible = 8)
Briefly describe how the bidder plans to provide nutritious meals and snacks when the Core Program is not in session.

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1. **Health and Safety Plan** (Total Points Possible = 8)
Provide a BRIEF plan that meets the health and safety policies set forth in IAC 441.109).

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1. **Professional Development Plan** (Total Points Possible = 8)

Briefly describe how you plan to educate your staff about implementation of this Contract, should your entity be awarded one. Also address how your staff will meet the professional development requirement of the Agency.

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1. **Parental Involvement Plan** (Total Points Possible = 8)

Briefly describe how parents will be engaged in decision-making and informed about their children.

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1. **Bidder’s Experience/Acknowledgements** (Total Points Possible = 8)

Briefly describe your experience managing subcontractors, if you propose using subcontractors.

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Within the last 24 months, in providing services to the Agency and other businesses or governmental entities, please provide the following information. If none of these conditions are applicable to the bidder, the bidder shall so indicate.

* Any damages, penalties, disincentives assessed, or payments withheld, or anything of value traded or given up by the Bidder that were valued at or above $500,000. Include the estimated cost assessed against the Bidder for the incident with the details of the occurrence.

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* List administrative or regulatory proceedings or adjudicated matters related to this service to which the bidder has been a party.

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* Whether the bidder has been debarred or suspended from federally-funded healthcare programs by any state or the federal government.

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List any details of whether the bidder or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services sought in this RFP have every had a founded child or dependent adult abuse report or been convicted of a felony.

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**Service Location Group Packet**

Include **one** Service Location Group Packet for **each** Service Location Group in the Bid Proposal

**Service Location Group Packet(s) Instructions**

(Return this completed packet behind Tab 4 of the Bid Proposal)

**Fully complete and submit the following information for EACH Service Location Group Packet in the order below.** The responses in this packet should apply to the specific Service Location Group. The bidder needs to include one Service Location Group Packet for **EACH** Service Location Group.

* **Service Location Group Packet includes the following forms for each Service Location Group:**
	+ **Form 6: Service Location Group Identification Form**
	+ **Form 7: Service Location Group Questionnaire**
	+ **Form 8: Service Location Group Schedule**
	+ **Form 9: Service Location Details** (all items below for each Service Location/Facility)
		- **Subcontractor Detail Form**
		- **Subcontractor Disclosure Form**
			* **Repeat Form 9 for each Service Location in this Service Location Group**

**Form 6: Service Location Group Identification Form Instructions:**

After completing the Bidder Organization Packet, fill out the Service Location Group Identification Form for EACH Service Location Group. Service Locations (facilities) need to be grouped together and provided a number designation for the group. One Service Location Group Packet will be submitted for each Service location Group.

Bidders must complete the Service Location Group Identification Form for EACH Service Location Group. If a bidder is only applying for one Service Location, that should be listed as one group in the “Service Location Group Identification Form”. If a bidder is applying for more than one Service Location, review the questions in the Service Location Group Questionnaire.

Only group the Service Locations together if the service level in all questions on the Service Location Group Questionnaire are the same level for all Service Locations.

Group the Service Locations together by completing this Service Location Group Identification Form for each Service Location Group. Use number designations (groups 1, 2, 3, 4, etc.) in the Bidder Service Location Group Number response.

**Service Location Group Packet**

**Form 6: Service Location Group Identification Form**

**Bidder Service Location Group Packet Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Service Location Group”)**

1. Designate a number to each Service Location Group by entering the number on this Service Location Group Packet Form above.
2. Enter the information for EACH Service Location within this Service Location Group.
3. Fully complete a form for EACH service Location Group and place this form on the top of the Service Location Group Packet. This current page (Form 6) is the cover page for each group’s packet.

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| --- | --- | --- | --- |
| **Service Location Number** | **Wrap Around Child Care Program Service Location’s Legal Name** | **CURRENT SERVICE LEVEL** | **REQUESTED FUNDING** |
|  |  | **# of Wrap Around Child Care slots currently funded at this Service Location for the State Fiscal Year 2025 Contract Period (if any)** | **# of Full Year slots for this Service Location for the State Fiscal Year 2025 Contract Period (if any)** | **# of School Year only slots requested for this Service Location ($3,510/slot)** | **# of Full Year slots requested for this Service Location ($5,850/slot)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

**Provide additional details, as needed:**

**Service Location Group Packet**

**Form 7: Service Location Group Questionnaire Form for this Service Location Group**

**Instructions**

For each Service Location or Service Location Group identified on the Service Location Group Identification Form(s), Form 6, the bidder must submit one Service Location Group Questionnaire. If the bidder would describe a different service level for any of the questions on the form, for Service Location(s) that have been grouped, the Service Location(s) should not be in the same Service Location Group and should be split out into other groups or reported individually.

Service Locations are appropriately grouped if they would describe the exact same service level to the questions in the Service Location Group Questionnaire for each Service Location in the group. If the bidder would describe different service levels to the questions in the Service Location Group Questionnaire, for Service Locations in a group, then the Service Location(s) must be split out into a different Service Location Group or Groups. The Agency may choose not to evaluate an entire group of Service Locations if the Service Locations are inappropriately grouped, or the bidder does not provide a separate Group Questionnaire for each Service Location Group.

If any service level is different for a Service Location(s), list that Service Location in its own group and complete a separate Service Location Group Questionnaire for that Service Location(s). If there is any doubt in whether or not the Service Locations should be grouped together, list them separately and fill out the Service Location Group Questionnaire for each Service Location. Service Locations that are inappropriately grouped together cannot be fairly evaluated and may not receive funding. Each Service Location Group will be evaluated separately by the evaluation committee. Add more rows or rationale boxes to the Service Location Group Identification Form, as needed.

**Scoring Guide for the Service Location Group Questionnaire(s)**

The information provided in the Service Location Group Questionnaire will be reviewed by the evaluation committee. Points will be assigned to each evaluation component as designated within the scoring rubric provided for each question.

**Service Location Group Packet**

**Form 7: Service Location Group Questionnaire**

The information provided in this Service Location Group Questionnaire are responses for the entire Service Location Group included in this Service Location Group Packet.

1. Make sure the Service Location Group Number on this Questionnaire is the same as the Service Location Group Number on the Service Location Group Identification Form at the beginning of this packet.
2. If any answer in this Questionnaire would vary based on the Service Location, complete a new Service Location Group Packet for that Service Location.
3. Provide responses for each requirement in the yellow shaded fields. The yellow fields will automatically expand to accommodate content. Bidders shall not delete the requirement or scoring rubric for the requirement or edit this form in any way other than to include their response.
4. Bidder responses to the following four (4) requirements shall not exceed 10 pages, on standard 8.5 x 11 paper, including all pre-populated text.

**Bidder Service Location Group Packet Number \_\_\_\_\_\_\_\_\_\_\_ (“Service Location Group”)**

1. **Service Period Continuity** (Total Points Possible = 100)
Explain how this Service Location Group will provide Service Period Continuity. Bidder must provide enough detail to demonstrate the level at which services are provided.

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**Evaluation Committee Scoring Rubric for this item. (Bidders shall not mark-up or edit the following scoring rubric in any way.)**

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| --- | --- | --- |
| **Service Level** | **Description** | **Possible Score** |
| 1 | At this Service Location Group, Core Program and Wrap Around Child Care Program services are the same for the entire contract period and will be Full Day, Full Week (Monday through Friday), and do not vary during summer months. | 100 |
| 2 | At this Service Location Group, Core Program and Wrap Around Child Care Program services are provided Full Day, Full Week (Monday through Friday), but the Service Location Group operates with a modified schedule during the summer months. | 75 |
| 3 | At this Service Location Group, Core Program and Wrap Around Child Care Program services are provided Full Day, Full Week (Monday through Friday), but the Service Location Group does not operate a program during all or part of the summer. | 50 |
| 4 | At this Service Location Group, Core Program and Wrap Around Child Care Program services are provided Full Day, Full Week (Monday through Friday), but the Service Location Group operations cannot be described in any of the service levels above.  | 25 |
| 5 | At this Service Location Group, Core Program and Wrap Around Child Care Program services are not provided Full Day, Full Week (Monday through Friday), or during the summer. A plan for continuity in services is not evident. | 0 |

**Form 7: Service Location Group Questionnaire continued**

**Bidder Service Location Group Packet Number \_\_\_\_\_\_\_\_\_\_\_ (“Service Location Group”)**

1. **Program Curriculum Continuity** (Total Points Possible = 100)
Explain how this Service Location Group will provide Program Curriculum Continuity. Bidders must provide enough detail to demonstrate the level at which services are provided.

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 **Evaluation Committee Scoring Rubric for this item. (Bidders shall not mark-up or edit the following scoring rubric in any way.)**

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| **Service Level** | **Description** | **Possible Score** |
| 1 | The curriculum at this Service Location Group aligns with the Core Program’s curriculum and provides positive guidance techniques that align with the Core Program. The curriculum is research based, age appropriate, align with Iowa’s Early Learning Standards, and is consistent throughout the year. | 100 |
| 2 | The curriculum at this Service Location Group is consistent with Service Level 1, but the curriculum is not the same throughout the year (i.e., there is a different summer curriculum or other variances in the curriculum). | 75 |
| 3 | The curriculum at this Services location group does not meet one of the following requirements:1. align with the Core Program’s curriculum, or
2. provide positive guidance techniques that align with the Core Program, or
3. research based, or
4. developmentally appropriate
 | 50 |
| 4 | The curriculum at this Service Location Group does not meet two of the following requirements:1. align with the Core Program’s curriculum, or
2. provide positive guidance techniques that align with the Core Program, or
3. research based, or
4. developmentally appropriate
 | 25 |
| 5 | The curriculum at this Service Location Group does not meet three or more of the following requirements:1. align with the Core Program’s curriculum, or
2. provide positive guidance techniques that align with the Core Program, or
3. research based, or
4. developmentally appropriate
 | 0 |

**Form 7: Service Location Group Questionnaire continued**

**Bidder Service Location Group Packet Number \_\_\_\_\_\_\_\_\_\_\_ (“Service Location Group”)**

1. **Staff Continuity** (Total Points Possible = 100)

Explain how this Service Location Group will provide Staff Continuity. Bidders must provide enough detail to demonstrate the level at which services are provided.

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 **Evaluation Committee Scoring Rubric for this item. (Bidders shall not mark-up or edit the following scoring rubric in any way.)**

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| --- | --- | --- |
| **Service Level** | **Description** | **Possible Score** |
| 1 | Wrap Around Child Care Program services at this Service Location Group will be provided by the same staff as the Core Program, regardless of whether the Core Program is providing services or not, and will remain consistent for the Full Day, Full Week, and Full Year, throughout the contract period. | 100 |
| 2 | Wrap Around Child Care Program services at this Service Location Group will be provided by staff different from the Core Program staff, but the Wrap Around Child Care Program and the Core Program staff schedules ***will overlap*** with the Core Program staff by at least 30 minutes when the Core Program is providing services and will remain consistent for the Full Day, Full Week, and Full Year, throughout the contract period. | 75 |
| 3 | Wrap Around Child Care Program services at this Service Location Group will be provided by the same staff and will remain consistent for the Full Day, Full Week, and Full Year throughout the contract period even when the Core Program and Wrap Around Child Care Program staff are different.  | 50 |
| 4 | The service levels above do not accurately describe services provided at this Service Location Group, but the description provides some evidence of the staff for the Core Program and the Wrap Around Child Care Program working together. | 25 |
| 5 | The service levels above do not accurately describe services provided at this Service Location Group and the description does not provide sufficient evidence of the staff for the Core Program and the Wrap Around Child Care Program working together.  | 0 |

**Form 7: Service Location Group Questionnaire continued**

**Bidder Service Location Group Packet Number \_\_\_\_\_\_\_\_\_\_\_ (“Service Location Group”)**

1. **Service Location (Facility) Continuity** (Total Points Possible = 100)

Explain how this Service Location Group will provide Service Location (Facility) Continuity. Bidders must provide enough detail to demonstrate the level at which services are provided.

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**Evaluation Committee Scoring Rubric for this item. (Bidders shall not mark-up or edit the following scoring rubric in any way.)**

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| **Service Level** | **Description** | **Possible Score** |
| 1 | Wrap Around Child Care Program at this Service Location Group will be provided in the same classroom as the Core Program. | 100 |
| 2 | Wrap Around Child Care Program at this Service Location Group will be provided in the same building, but not the same classroom, as the Core Program. | 75 |
| 3 | Wrap Around Child Care Program at this Service Location Group will be provided at the same campus and property, but not the same building as the Core Program. | 50 |
| 4 | Service Levels 1, 2, and 3 do not accurately describe services provided at this Service Location Group but continuity is evident in different ways.  | 25 |
| 5 | Service Levels 1, 2, and 3 do not accurately describe services provided at this Service Location Group and continuity is not evident.  | 0 |

**Service Location Group Packet**

**Form 8: Service Location Group Schedule for each Service Location Group**

**Bidder Service Location Group Packet No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Service Location Group”)**

**Insert Service Location Group Schedule Here**

**(Points = 0-4, Weighted = X2, Total Points Possible = 8)**

Bidders must attach a weekly schedule (that will remain consistent during the contract period) of Wrap Around and Core Program for this specific Service Location Group. If the Service Location Group has a different schedule during part of the year (i.e. summer schedule), please provide a separate schedule for each partial year. The schedule(s) will be used as evidence of the described service level and explanations provided in Form 7.

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**Form 9: Service Location Group Details**

Service Location Requirements for each Service Location listed on the Service Location Group Details Form (for this Service Location Group)

**Service Location Requirements:**

**Instructions**

Include the following information together for each Service Location within the Service Location Group. Number each Service Location requirement with the number from the Service Location Group Identification Form.

* Service Location Details Form for Service Location,
	+ - Subcontractor Detail Form for Service Location,
		- Subcontractor Disclosure Form for Service Location

**Service Location Packet**

**Form 9: Service Location Group Details**

**Service Location Group Detail Form for Service Location #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Fill in the number of the Bidder Service Location Group Packet # and the number of the Service Location from the Service Location Group Identification Form, above. Fully complete a form for* ***each*** *proposed Service Location and place the Service Location Detail Form for this Service Location on the top of this Service Location’s forms.*

|  |  |
| --- | --- |
| **Primary Bidder (“Primary Bidder”):** |  |
| **Service Location Contact Information (individual who can address issues re: this Bid Proposal)** |
| **Name:** |  |
| **Address:** |  |
| **Tel:** |  |
| **Fax:** |  |
| **E‐mail:** |  |
| **Is this Service Location a****Subcontractor? (Yes or No)** |  |

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| **Service Location Detail** |
| **Service Location Legal Name:** |  |
| **“Doing Business As” names, assumed names, or other operating names:** |  |
| **Form of Business Entity (i.e., corp., partnership, LLC, etc.)** |  |
| **Number of Employees:** |  |
| **Number of Years in Business:** |  |
| **Federal Tax ID:** |  |
| **UEI#** |  |
| **Service Location’s Accounting Firm:** |  |
| **If Subcontractor is currently registered to****do business in Iowa, provide the Date of Registration:** |  |
| **Percentage of Total Work to be performed by this Service Location pursuant to this****RFP/Contract:** |  |
| **General Scope of Work to be performed by this Service Location** |
|  |

**Service Location Packet**

**Form 9: Service Location Group Details**

**Subcontractor Disclosure Form for Service Location #**

*Fill in the number of the Bidder Service Location Group Packet # and the number of the Service Location from the Service Location Group Identification Form, above. Fully complete a form for* ***each*** *proposed subcontractor.* ***Note:*** *if the bidder is awarded and executes a contract with the Agency, service locations will be considered subcontractors.*

*If a section does not apply, label it “not applicable” and place the Subcontractor Disclosure Form for this Service Location after this Service Location’s Service Location Detail Form.*

By signing below, Subcontractor agrees to the following:

* 1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning bidder in this procurement.
	2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications.
	3. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.
	4. Subcontractor does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor’s organization responsible for or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti‐competitive obligations agreements outlined above.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

|  |  |
| --- | --- |
| **Signature for****Subcontractor:** |  |
| **Printed Name/Title:** |  |
| **Date:** |  |

**STOP: Make sure all Service Locations for this Service Location Group are represented with:**

* Service Location Detail Form
* Subcontractor Disclosure Form

Bidders may use Attachment I, Wrap Around Child Care Program Checklist, to ensure all required information has been included prior to bid proposal submission. Bidders do not need to return Attachment I.