

COUNTY OF SUFFOLK



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DEPARTMENT OF FIRE, RESCUE AND EMERGENCY SERVICES

SOLICITATION OF QUOTES (SOQ) – FRES #02-2015

The Suffolk County Dept of Fire, Rescue & Emergency Services (FRES)
Is Seeking Quotes For
Treatment Counselors for the Juvenile Firesetters Intervention Program

Issue Date: February 6, 2015

Quote Due Date: February 27, 2015
4:00 pm

Contact: Joseph F. Williams, Commissioner
Suffolk County Dept of FRES
PO Box 127 (20 East Avenue, Bldg CO110)
Yaphank, NY 11980-0127
Telephone: (631) 852-4850
Fax: (631) 852-4861
E-Mail: commissionerjoe.williams@suffolkcountyny.gov

Response Requirements:

- Submissions to be sent to Commissioner of Suffolk County Dept of FRES
- Number of Copies: Original plus three (3) copies
- The FRES SOQ No. (located at header of this page) must be on all outer mailing envelopes/package and cover letter.
- Original must be labeled "ORIGINAL"
- All copies must be complete copies of the Original
- Do NOT return SOQ document. This is for you to keep for reference.

Late Proposals Will Be REJECTED

Purpose of SOQ

The Suffolk County Dept of FRES invites quotes from qualified companies to provide services for **Treatment Counselors** of the Juvenile Firesetters Intervention Program (JFIP) as described in “Technical Services Requirements” section.

Background Information

In 2002, the Suffolk County Dept of FRES successfully sought NYS Division of Criminal Justice Services funding for an innovative intervention program that allows for counseling and treatment of those youth in Suffolk County that have been identified as Firesetters. The program began in 2003. The Department has typically contracted for the services of one (2) Treatment Counselors.

To date, more than 720 youth have been brought into the program and are currently at varying stages of individual or group counseling and treatment for positive behavioral modification.

The Department anticipates contracting with (2) Treatment Counselors for approximately 15 hours/month each.

Technical Services Requirements

Services To Be Provided:

- Conduct youth and family counseling.
- Review potential referrals with the Case Manager for counseling.
- Make appropriate referrals through the Case Manager to community based specialty services to meet the needs of the program participant.
- Collect and maintain relevant data and report back to Case Manager/department program staff.
- Coordination: The Contractor will coordinate with the Juvenile Firesetter Intervention Program Project Coordinator. Periodically, the Contractor may receive in-service training, as determined by the Department.

Program Location and Hours:

The Contractor will be required to work at the Department, Yaphank Ave, Bldg CO110, Yaphank, NY, during normal business hours and off site after business hours, Monday through Saturday. Department prefers availability afternoons and evenings.

Reports/Progress Meetings:

The Contractor will be responsible for issuing timely reports in oral presentations and in writing on the status of pending and proposed activities, as may reasonably be requested by the Department. Depending upon the nature of the services provided under this Agreement, the parties may meet from time to time; the meeting time, place and attendees shall be as mutually agreed upon by the parties. All written reports will also be made available to the County in electronic format.

Minimum Qualifications

Completion of a NY registered school counseling program

or

Baccalaureate degree from a regionally accredited institution of higher education or from an institution authorized by NY Department of Education; AND At least 30 semester hours of approved graduate study in the field of school counseling

or

Be Nationally certified as a school counselor by the National Board for Professional Teaching Standards (NBPTS)

Insurance Requirements

The Contractor will be required to maintain throughout the term of the Agreement insurance in the following amounts and types and agrees to require any of its subcontracts to maintain same:

- i. **Commercial General Liability** insurance, including contractual liability coverage, in an amount not less than Two Million Dollars (\$2,000,000.00) per occurrence for bodily injury and Two Million Dollars (\$2,000,000.00) per occurrence for property damage.
- ii. **Automobile Liability** insurance (if any vehicles are used by the Contractor in the performance of this Agreement) in an amount not less than Five Hundred Thousand Dollars (\$500,000.00) per person, per accident, for bodily injury and not less than One Hundred Thousand Dollars (\$100,000.00) for property damage per occurrence.
- iii. **Workers' Compensation and Employer's Liability** insurance in compliance with all applicable New York State laws and regulations and **Disability Benefits** insurance, if required by law. Contractor shall furnish to the County, prior to its execution of this Agreement, the documentation required by the State of New York Workers' Compensation Board of coverage or exemption from coverage pursuant to §§57 and 220 of the Workers' Compensation Law. In accordance with General Municipal Law §108, this Agreement shall be void and of no effect unless the Contractor shall provide and maintain coverage during the term of this Agreement for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

Contract Award Period:

The Department anticipates that the contract will be for one (1) year, with three (3) one-year options to renew at the Department's option.

Best Value Basis Selection:

The contract will be awarded on the basis of "best value" basis. Best value is typically demonstrated by the lowest offer price among responsive and responsible offerers, or the lowest offer price that meets specifications and among responsive offerers. However, there may be situations where it is determined that "best value" is represented by an offerer other than the lowest due to his/her unique skills and/or experience, more favorable timing, or other advantage.

Payment Method:

The Contractor shall prepare and present a claim form supplied by the Department at the close of each calendar month. Payment by the County will be made within thirty (30) days after approval by the Comptroller of the County of Suffolk.

QUOTE FOR
TREATMENT COUNSELOR
SOQ FRES #02-2015

General Information/History

Company Name: _____

Company Address: _____

Year Company Founded: _____

Total # of Employees: _____

Type of Business: (check one)

Business Corporation Not-For-Profit corporation Sole Proprietorship

Other – please specify _____

Federal ID or Social Security No.: _____

Contact Person: _____

Contact Person Title: _____

Contact Person Telephone: _____

Contact Cell Phone: _____

Contact Person Fax: _____

Contact Person E-Mail: _____

Time Availability (Days of Week/Time of Day): _____

REFERENCES

Provide two (2) client references for which you have provided services (current governmental or quasi-governmental agencies preferred). DO NOT PROVIDE INFORMATION THAT WOULD BE CONSIDERED CONFIDENTIAL.

Organization Name		
Contact Person		
Telephone Number		

Provide a list of all contracts with the County of Suffolk within the last five (5) years (regardless of type of service).

Name of County Dept	Contract Period	Services Provided	Primary Dept Contact

Qualification and Experience

Resume: Attach Resume that includes relevant work experience and/or qualifications

Professional Licenses and Other Affiliations: Attach copies of relevant professional licenses and/or other affiliations

Description in Detail of Understanding of Program and Your Ability To Provide Services Requested: (attach separate sheet if desired)

FEE SCHEDULE

Hourly Rate: _____

Note: Fee Schedule is one of several evaluation criteria. Based on criteria set forth in Best Value Basis Selection section above, be advised the department will not necessarily choose the Quoter with the lowest rates for services.

Additional information to explain or clarify Fee Schedule (optional)

I hereby confirm that the hourly rate quoted is firm for at least one (1) year. I further attest that no subcontracts will be utilized and all counseling will be conducted directly by the Quoter.

Signature: _____
Print Name: _____
Title: _____
Company Name: _____
Date: _____