

# COUNTY OF SUFFOLK



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COUNTY EXECUTIVE

## DEPARTMENT OF FIRE, RESCUE AND EMERGENCY SERVICES

### SOLICITATION OF QUOTES (SOQ) – FRES #01-2015

The Suffolk County Dept of Fire, Rescue & Emergency Services (FRES)  
Is Seeking Quotes For  
**Case Management Services 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](mailto: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 individuals to provide services for a **Case Manager** 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 (1) Case Manager.

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 (1) Case Manager for approximately 16 hours/month for case management services.

### Technical Services Requirements

#### Services To Be Provided:

- Monitoring of all cases referred to counseling treatment and fire education services.
- Preparation and maintenance of case record information on each juvenile including family information (health insurance coverage), mental health assessments, referrals, progress notes, collateral contacts, etc.
- Maintenance of all records at the central records location at Yaphank Ave, Bldg CO110, Yaphank, NY.
- Related duties as may be required by the Department.
- The Contractor will coordinate with the Juvenile Firesetter Intervention Project Program 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, evenings.

Reports/Progress Meetings:

The Contract 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.

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  
**CASE MANAGER**  
SOQ FRES #01-2015

General Information/History

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security No.: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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 Project 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)

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I hereby confirm that the hourly rate quoted is firm for at least one (1) year.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_