**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Behavioral Health*



**RFP# 202508118**

**Housing Stability Services**

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| --- | --- | --- | --- |
| **RFP Coordinator** | **NAME:** | | Casandra Manson |
| **TITLE:** | | Procurement Administrator |
| **EMAIL:** | | [Casandra.R.Manson@Maine.Gov](mailto:Casandra.R.Manson@Maine.Gov) |
| *All communication regarding the RFP must be made through the RFP Coordinator.* | | | |
| **Informational Meeting** | **DATE:** | | September 8, 2025 |
| **TIME:** | | **1:00 PM** |
| **LOCATION:** | | *An Informational session regarding this RFP will be held via ZOOM.* [WEBLINK for RFP 202508118](https://mainestate.zoom.us/j/89497771829?pwd=Tryre4FRMGXxCrHVUku2bn8m97tOqN.1) Meeting ID: 894 9777 1829 Passcode: 36739473 or by phone at +13052241968 using the meeting ID provided |
| **Submitted Questions Due Date** | September 11, 2025, no later than 11:59 p.m., local time | | |
| *All questions must be received by the RFP Coordinator by the date and time listed above.* | | | |
| **Notice of Intent to Bid Due Date** | October 1, 2025, no later than 11:59 p.m., local time | | |
| *All notice of intents must be received by the RFP Coordinator by the date and time listed above.* | | | |
| **Proposal Submission Deadline** | **DATE:** | October 15, 2025, no later than 11:59 p.m., local time. | |
| **TO:** | [Proposals@maine.gov](mailto:Proposals@maine.gov) | |
| *Proposals must be received electronically by the Office of State Procurement Services by the date and time listed above.* | | | |

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PUBLIC NOTICE

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202508118**

**Housing Stability Services**

The State of Maine is seeking proposals for Housing Stability Services to be provided to individuals experiencing Chronic Homelessness.

A copy of the RFP and all related documents can be obtained at: <https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps>

An Information Meeting will be held on September 8, 2025 at 1:00 PM at the following location: <https://mainestate.zoom.us/j/89497771829?pwd=Tryre4FRMGXxCrHVUku2bn8m97tOqN.1>.

Proposals must be submitted to the Office of State Procurement Services, via e-mail, at: [Proposals@maine.gov](mailto:Proposals@maine.gov). Proposal submissions must be received no later than 11:59 p.m., local time, on October 15, 2025. Proposals will be opened the following business day.

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**RFP TERMS/ACRONYMS with DEFINITIONS**

The following terms and acronyms, as referenced in the RFP, have the meanings indicated below:

| **Term/Acronym** | **Definition** |
| --- | --- |
| **Ancillary Supports** | Any professional and/or para-professional service(s), program(s) and/or support(s) provided to a Program Participant (Participant) that is not funded through Housing Support Services (HSS). |
| **Basic Principles of Housing First Services (Basic Principles)** | * Participants do not have to be in treatment or recovery from mental illness or substance use disorder or possess all of the skills necessary to live independently at the time they move in; * Services are focused on housing retention; * Service delivery must be flexible to meet the shifting priorities of the Participants; * Participants are not required to receive services to retain housing; * Robust services are predicated on assertive engagement, not coercion; and * Some Participants may ultimately need minimal support or brief interventions, but others may need intensive long-term supports. |
| **Behavioral Health Crisis (Crisis)** | Any experience of stress, emotional, or behavioral symptoms, difficulties with substance use, or a traumatic event that compromises or has the ability to negatively impact an individual’s wellbeing, safety, and/or the ability to function within their current family or caregiver environment, living situation, school, workplace, or community, as defined by the individual experiencing the Crisis or by a parent, caregiver, guardian, or designee of the individual as appropriate. |
| [**Behavioral Health Crisis System**](https://www.maine.gov/dhhs/obh/support-services/mental-health-services/crisis-services) | An organized continuum of structures, processes, and services in place to meet all urgent and emergent Crisis needs, serving anyone, anywhere, at any time. Behavioral Health Crisis System services include (1) Crisis lines accepting all calls and dispatching support based on the assessed need of the caller; (2) Mobile Crisis teams dispatched to wherever the need is in the community; and (3) Crisis receiving and stabilization facilities that serve everyone that comes through their doors from all referral sources. |
| [**Critical Incident**](https://www.maine.gov/dhhs/oms/providers/provider-bulletins/attention-providers-adult-behavioral-health-services-updated-critical-incidents-definitions) | An occurrence that affects or has the potential to affect the health or safety of the person or others.   * Level One (1) Critical Incident result in death or serious injury, or significantly jeopardize clients, public safety, or program integrity. * Level Two (2) Critical Incident include significant errors or undesirable events that compromise quality of care or personal safety. |
| **Chronic Homelessness** | A situation in which a person is living in a place not meant for human habitation, including emergency shelters, for at least twelve (12) months and for whom homelessness is correlated with a Condition. Chronic Homelessness includes a situation in which a person has been living intermittently in an institutional care facility, including but not limited to jail or a health treatment facility, but is otherwise living in a place not meant for human habitation, as defined in [22 M.R.S. § 20-A(1)](https://legislature.maine.gov/statutes/22/title22sec20-A.html). |
| **Community Linkage** | Connecting Participants to self-identified areas of interest to promote increased community participation, including but not limited to volunteer opportunities, spiritual exploration, book clubs, fitness, art, and/or other community-based activities. |
| **Condition** | Physical and/or behavioral health circumstance(s) that significantly impairs an individual’s ability to function independently, access services, and/or maintain housing. Such circumstances may result in difficulties with performing activities of daily living (ADL), engaging in self-care, and maintaining social functioning. |
| [**Coordinated Entry System (CE)**](https://www.mainehomelessplanning.org/coordinated-entry/) | A consistent, streamlined process for accessing the resources available in the Maine Continuum of Care (MCoC) homeless Crisis response system. |
| **Department** | Maine’s Department of Health and Human Services |
| **Harm Reduction** | A practical and transformative approach that incorporates community-driven public health strategies – including prevention, risk reduction, and health promotion – to empower people and their families to live healthier, self-directed, and purpose-filled lives. Harm Reduction often refers to a spectrum of strategies to “meet people where they’re at” regarding substance use. |
| [**Homeless Management Information System (HMIS)**](https://www.mainehmis.org/) | An online database used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness in Maine. |
| **Housing First Program (Housing First)** | A program designed to assist individuals who have experienced Chronic Homelessness find and maintain stable housing through tenancy support services, case management, and service coordination, pursuant to [22 M.R.S. § 20-A](https://legislature.maine.gov/statutes/22/title22sec20-A.html). |
| [**Housing Outreach and Member Engagement (HOME) Provider**](https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/health-homes) | A MaineCare supported specialized community care team that provides housing outreach and member engagement services for eligible members pursuant to [10-144 C.M.R. Ch. II Section 91](https://www.maine.gov/sos/sites/maine.gov.sos/files/content/assets/c2s091.docx). |
| **Housing Stability Services (HSS)** | Services that adequately meet the needs of Participants to build independent living skills, attain and maintain housing, and access necessary community-based services, including accessing health and behavioral health services, as applicable. HSS may also include outreach to those experiencing or at risk of Chronic Homelessness for the purposes of establishing connection and support that may result in securing stable housing at a Property Under the Program. |
| **Housing Support** | Activities that assist Participants specifically with maintaining housing stability; this includes helping with recertification requirements, including preparation for HQS or NSPIRE inspections, as applicable. |
| [**HQS**](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-leasing-rental-assistance-requirements/codes-and-standards/) | Housing Quality Standards |
| **HSS Unit** | A rental apartment within a building where a Participant is receiving HSS. HSS Units may also include houses and duplex. |
| [**Maine Continuum of Care (Maine CoC)**](https://www.mainehomelessplanning.org/maine-coc/) | Funded by federal Housing and Urban Development (HUD) and designed to promote communitywide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, the State, and local governments to quickly rehouse homeless individuals and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness, refer to [24 C.F.R. Part 578](https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml). |
| **Memorandum of Understanding (MOU)** | A formal agreement between two (2) parties that outlines the intended roles, objectives, and framework for collaboration between the parties, but is typically not legally binding. |
| [**NSPIRE**](https://www.hud.gov/reac/nspire) | National Standards for the Physical Inspection of Real Estate |
| **Program Participant (Participant)** | An individual who has been identified and has agreed to participate in Housing First. Participants include those who have yet to become a Tenant and those who were previously Tenants but are no longer under a lease. |
| **Property Under the Program** | A property established, developed, or intended for purposes of providing permanent housing to individuals who are experiencing Chronic Homelessness that provides independent apartment units to Participants under Housing First. |
| **RFP** | Request for Proposals |
| **[SSI/SSDI Outreach, Access, and Recovery](https://www.maine.gov/dhhs/obh/training-certification/soar-specialist)**  **[(SOAR)](https://www.maine.gov/dhhs/obh/training-certification/soar-specialist)** | A model developed by the [Substance Abuse and Mental Health Services Administration (SAMHSA)](https://soarworks.samhsa.gov/states/maine) that includes specialists who assist individuals with completing and submitting applications for SSI/SSDI to maximize benefits access and employment support for individuals experiencing or at risk of homelessness. |
| **State** | State of Maine |
| **Targeted Case Management (TCM)** | Services that help specific people, including those experiencing Chronic Homelessness, lead a stable, safe, and healthy community life. TCM is provided by a social service or health professional, or other qualified staff to identify the medical, social, educational, and/or other needs (including housing and transportation) of an individual, identify the services necessary to meet such needs, and facilitate access to available services. Case managers conduct intake, coordinate comprehensive assessments of the individual's strengths and needs, produce an individualized support plan (ISP) to address the needs, coordinate, advocate for and develop services identified in the plan, monitor the individual's progress, and evaluate the appropriateness and effectiveness of services. The case manager works with the family to assist with the coordination and advocacy of services for the individual, pursuant to [10-144 C.M.R. Ch. II Section 13](https://www.maine.gov/sos/sites/maine.gov.sos/files/content/assets/c2s013.docx). |
| **Tenant** | A Participant who is under a lease for a HSS Unit at a Property Under the Program. |

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**RFP# 202508118**

**Housing Stability Services**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking Housing Stability Services (HSS) to be provided to individuals experiencing Chronic Homelessness, as defined in this Request for Proposals (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the awarded Bidder will be selected, and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Bidder.

The Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine Residents. The Department’s Office of Behavioral health (OBH) is the State’s administrative authority responsible for the planning, development, implementation, regulation, and evaluation of substance use disorder and mental health services. The mission of OBH is to ensure that all Maine residents with mental health challenges, substance use disorder, and co-occurring disorders are not simply managing symptoms, but are living independent lives of dignity, hope, and meaning. OBH is committed to support a complete and coordinated behavioral health continuum of care that serves the whole person, the whole community.

Pursuant to [22 M.R.S. §20-A,](https://legislature.maine.gov/statutes/22/title22sec20-A.html) the Department is required to establish a Housing First Program (Housing First) in the State to address Chronic Homelessness. Housing stability is considered an important first step in the effective treatment of health conditions such as severe mental illness or substance use disorders, which are disproportionately experienced by individuals that meet the criteria for Chronic Homelessness.

The Department is taking a two-pronged approach to Housing First in accordance with [22 M.R.S. §20-A](https://legislature.maine.gov/statutes/22/title22sec20-A.html):

1. Provision of 24/7/365 on-site Housing First support and stabilization services at properties developed under the Housing First Program.

Recently the Department issued [RFP# 202412212 Housing First Support Stabilization Services](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/RFP%20202412212%20PQVL%20for%20Housing%20First%20Support%20and%20Stabilization%20Services_Final.docx) to establish a Pre-Qualified Vendor list of service providers that could be paired with a team of property partners, including a property owner(s), a developer, and management team, to provide 24/7/365 Housing First support and stabilization services at select, site-based Housing First properties. These properties are selected via a competitive process established through the [MaineHousing RFP/RFQ](https://www.mainehousing.org/about/rfp) process.

1. Establishing HSS for Participants housed in sites located throughout the community.

Through this RFP, the Department intends for in-person HSS to be provided, in accordance with [22 M.R.S. §20-A](https://legislature.maine.gov/statutes/22/title22sec20-A.html), where supportive services are not necessarily provided on site or twenty-four (24) hours per day, but must be available to Participants living in the community for a minimum of twenty (20) hours per week, as applicable to the Participant. The Department expects HSS providers to maximize opportunities to leverage MaineCare while ensuring HSS services do not duplicate services available through any other billing source. The Department welcomes innovative proposals that include flexibility regarding the population served, services provided, and other considerations which will allow for the statutory intent to be upheld.

The Basic Principles of Housing First Services (Basic Principles) and properties under [22 M.R.S. §20-A](https://legislature.maine.gov/statutes/22/title22sec20-A.html) include:

* Participants do not have to be in treatment or recovery from mental illness or substance use disorder or possess all of the skills necessary to live independently at the time they move in;
* Services are focused on housing retention;
* Service delivery must be flexible to meet the shifting priorities of the Participants;
* Participants are not required to receive services to retain housing;
* Robust services are predicated on assertive engagement, not coercion; and
* Some Participants may ultimately need minimal support or brief interventions, but others may need intensive long-term support.

The Department expects the awarded Bidders to ensure HSS are strengths-based and tailored to each Participant’s individual strengths and challenges, with the goal of eliminating or mitigating previous barriers to successfully maintaining housing. HSS must be centered around relationship building, Harm Reduction, integration of Ancillary Supports, life skills support, and general Housing Support. In addition, the awarded Bidders shall facilitate linking Participants with desired medical, behavioral health, social, educational, and/or vocational providers, including any other programs where services are provided to address the needs and goals identified by the Participant.

1. **General Provisions**
   1. From the time the RFP is issued until award notification is made, all contact with the State regarding the RFP must be made through the RFP Coordinator. No other person/ State employee is empowered to make binding statements regarding the RFP. Violation of this provision may lead to disqualification from the bidding process, at the State’s discretion.
   2. Issuance of the RFP does not commit the Department to issue an award or to pay expenses incurred by a Bidder in the preparation of a response to the RFP. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
   3. All proposals must adhere to the instructions and format requirements outlined in the RFP and all written supplements and amendments (such as the Summary of Questions and Answers), issued by the Department. Proposals are to follow the format and respond to all questions and instructions specified below in the “Proposal Submission Requirements” section of the RFP.
   4. Bidders will take careful note that in evaluating a proposal submitted in response to the RFP, the Department will consider materials provided in the proposal, information obtained through interviews/presentations (if any), and internal Departmental information of previous contract history with the Bidder (if any). The Department also reserves the right to consider other reliable references and publicly available information in evaluating a Bidder’s experience and capabilities.
   5. The proposal must be signed by a person authorized to legally bind the Bidder and must contain a statement that the proposal and the pricing contained therein will remain valid and binding for a period of 180 days from the date and time of the bid opening.
   6. The RFP and the awarded Bidder’s proposal, including all appendices or attachments, will be the basis for the final contract, as determined by the Department.
   7. Following announcement of an award decision, all submissions in response to this RFP will be public records, available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) ([1 M.R.S. § 401](http://www.mainelegislature.org/legis/statutes/1/title1sec401.html) et seq.). State contracts and information related to contracts, including bid submissions, are generally public records per FOAA.
   8. In the event that a Bidder believes any information that it submits in response to this RFP is confidential, it must mark that information accordingly, and include citation to legal authority in support of the Bidder’s claim of confidentiality. In the event that the Department receives a FOAA request that includes submissions marked as confidential, the Department shall evaluate the information and any legal authority from the Bidder to determine whether the information is an exception to FOAA’s definition of public record. If the Department determines to release information that a Bidder has marked confidential, it shall provide advance notice to the Bidder to allow for them to seek legal relief.
   9. The Department, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in proposals received in response to the RFP.
   10. If awarded a contract resulting from this RFP, vendors shall be required to disclose, in writing and in accordance with applicable Maine law, any actual or potential conflicts of interest. Such disclosure must include any financial, professional, or personal relationships. Failure to disclose a known conflict may result in disqualification, contract termination, or other remedies as provided by law.
   11. All applicable laws, whether or not herein contained, are included by this reference. It is the Bidder’s responsibility to determine the applicability and requirements of any such laws and to abide by them.
2. **Eligibility to Submit a Bid and Attestation**

Bidders, including their overarching organization, as applicable, **may not** own or have a financial interest in any property where Housing Stabilization Services (HSS) are provided.

In addition, Bidders must identify a minimum of ten (10) HSS Units available to support HSS and must provide a letter(s) of commitment from the property owner(s) as outlined in **Appendix C** (Eligibility to Submit a Bid and Attestation Form).

***Bidders who do not submit an attestation statement and/or letter(s) of commitment will be disqualified from the evaluation process.***

1. **Contract Term**

The Department is seeking cost-efficient proposals to provide services, as defined in this RFP, for the anticipated contract period defined in the table below. The dates below are estimated and may be adjusted, as necessary, in order to comply with all procedural requirements associated with the RFP and the contracting process. The actual contract start date will be established by a completed and approved contract.

Contract Renewal: Following the initial term of the contract, the Department may opt to renew the contract for two (2) renewal periods, as shown in the table below, and subject to continued availability of funding and satisfactory performance.

The term of the anticipated contract, resulting from the RFP, is defined as follows:

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Initial Period of Performance | 1/1/2026 | 12/31/2027 |
| Renewal Period #1 | 1/1/2028 | 12/31/2029 |
| Renewal Period #2 | 1/1/2030 | 12/31/2031 |

1. **Number of Awards**

The Department anticipates making multiple award(s) as a result of this RFP process. Award(s) will be distributed according to the Target Areas (Hubs) identified on **Appendix I** (Notice of Intent to Bid).

***Due to limited funding, the Department does not intend to support an award in each Target Area (Hub).***

**Bidders interested in providing services for multiple Hubs must indicate each Hub on Appendix A (Proposal Cover Page) and submit a separate proposal for each Hub.**

**PART II SCOPE OF SERVICES TO BE PROVIDED**

**Specific instructions for the Bidder to provide a narrative response to the Scope of Services may be found in Part IV, Section III, Proposed Services.**

1. **Administrative Requirements**
   1. Within ninety (90) calendar days of the start of the initial period of performance and service delivery, and throughout each contract period resulting from this RFP:
      1. Be enrolled as a [MaineCare Provider](https://www.maine.gov/dhhs/oms/providers/provider-enrollment-revalidation);
      2. Be enrolled as a [Housing Outreach and Member Engagement (HOME) Provider](https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/health-homes) and/or certified as a [Targeted Case Management (TCM) agency](https://www.maine.gov/sos/sites/maine.gov.sos/files/content/assets/c2s013.docx); and
      3. Become a [Maine Continuum of Care (CoC)](https://www.mainehomelessplanning.org/maine-coc/) [Homeless Management Information System (HMIS)](https://www.mainehmis.org/training) participating agency.
   2. Comply with and provide Housing Stability Services (HSS) in accordance with the Housing First Program (Housing First) manual, when published, including the Basic Principles of Housing First Services (Basic Principles); and applicable State statute and rules, including [22 M.R.S. §20-A](https://legislature.maine.gov/statutes/22/title22sec20-A.html) and [14-118 C.M.R Ch. 20 Housing First Program Administrative Responsibility Rule](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/14%20118%20Ch%2020.docx).
   3. Participate in the Maine CoC [Coordinated Entry System (CE)](https://www.mainehomelessplanning.org/coordinated-entry/), including notification to the CoC CE regarding availability of HSS Unit(s) and in order for HSS staff to be notified of any upcoming potential Program Participants (Participants).
      1. HSS staff are not expected to advocate at CE for any specific individual.
   4. Ensure HSS staff are knowledgeable about naloxone and its administration; including ensuring HSS staff have naloxone on-hand at all times when providing HSS.
   5. Ensure policy guidelines for HSS decision making, program operations, and monitoring are developed prior to HSS service provision.
      1. Policy guidelines must include a grievance and complaint process.
   6. On an annual basis, provide voluntary anonymous satisfaction surveys to Participants, with survey assistance provided to Participants only as requested and needed.
      1. Develop and provide the Department with the satisfaction survey for approval within sixty (60) calendar days of the initial period of performance.
   7. Maintain a record for each Participant.
2. **Healthcare, Behavioral Health, and Other Service Provider Partnerships**

Establish and/or maintain formal (e.g., Memorandum of Understanding (MOU) or contract) and informal relationships with MaineCare providers in the service area qualified to deliver necessary health, behavioral health, and other appliable services to ensure Participants have timely access to services and are able to sufficiently maintain permanent housing, including at minimum:

Behavioral Health treatment, including substance use and mental health treatment;

Medical care;

Behavioral Health Crisis (Crisis) services through the Behavioral Health Crisis System; and

Other services as appropriate and as identified by Participant(s).

Establish and maintain formal and informal relationships, as applicable, with other non-MaineCare service providers in the local community in order to address Participants needs, ensure timely access to assessments and services and ensure permanent housing maintenance.

Partner with community-based organizations, such as [Projects for Assistance in Transition from Homelessness (PATH)](https://www.maine.gov/dhhs/obh/support-services/housing-services) providers, to provide education on Housing First.

1. **Property-based Partnerships**
   1. Offer ongoing education on Housing First, including the Basic Principles, to all applicable property partners, including owners and managers, as appropriate.
      1. At a minimum, provide education on Housing First prior to the first Participant signing a lease at the associated property, at least once annually, and when there are new property-associated staff (e.g., new property manager) hired.
   2. Develop and implement strategies in collaboration with the owner and property management entity to mitigate common reasons for eviction.
2. **Minimum HSS Units and MOUs Requirements** 
   1. Demonstrate best efforts to ensure a minimum of ten (10) HSS Units are available to support HSS provision, throughout the duration of the contract, through collaboration and outreach with existing and potential new property owner(s).
      1. Notify the Department within seven (7) calendar days when a previously identified HSS Unit is no longer available, and include an anticipated plan to ensure the minimum of ten (10) HSS Units are available within the Target Area (Hub).
   2. Use best efforts to execute an MOU(s) with the property owner(s), for the anticipated HSS Unit(s), identified within the Bidder’s proposal submitted under this RFP, and provide copies to the Department within thirty (30) calendar days of the start of the initial period of performance, that includes and addresses at minimum:
      1. The property owner name and property management provider(s) name, as applicable;
      2. The name of the property(/ies), if applicable, and physical address where HSS Units are available;
      3. If each physical location will utilize for project-based rental assistance or tenant-based rental assistance;
      4. The total number of unit(s) at each physical address and the total number of unit(s) designated for HSS; and
      5. The responsibility delineation of the awarded Bidder and property owner including how the property owner:

Intends to work with the awarded Bidder to support the provision of HSS; and

Will ensure the awarded Bidder has access to the building for general operations and emergency situations, and the capacity to utilize common areas, if applicable, for program activities.

* 1. Ensure all subsequent MOUs developed for new HSS Units identified during the contract period are provided to the Department for review within seven (7) calendar days of an MOU execution.
  2. Notify the Department of any concerns related to property ownership that may result in an HSS Unit(s) becoming unavailable.

1. **Participant Outreach Prior to Tenancy** 
   1. Once an individual has become a Participant and has been awarded a housing resource for a Property Under the Program, ensure HSS staff engage with the Participant and their support system to assist with ensuring tenancy at the property, including lease execution.
      1. Maintain supporting documentation within the Participant’s file indicating their eligibility to receive Housing First services, including the appropriate correlating Condition and documentation of Chronic Homelessness, per [22 M.R.S. §20-A.](https://legislature.maine.gov/statutes/22/title22sec20-A.html)
2. **Programmatic Requirements**
   1. Ensure HSS is provided with minimal barriers to accessing services, including ensuring accessibility and needed interpreter services, as applicable.
   2. Ensure HSS is available no less than twenty (20) hours per week and adequately meets the needs of Participants to build independent living skills, maintain housing, and access necessary MaineCare services and non-MaineCare community-based services.
   3. Ensure HSS is integrated with all Ancillary Supports.
      * + 1. Ensure HSS does not duplicate other services received by the Participant.
          2. MaineCare billable services must be billed to MaineCare.
   4. Ensure HSS is provided in-person, to the fullest extent possible.
      * + 1. Department approval will be required for policies and procedures not delivered in-person.
          2. Ensure all in-person service provision hours are flexible and scheduled according to Participant needs.
   5. Provide a method for interested Participants to work and/or volunteer within the awarded Bidder’s agency.
3. **Housing Stability Services (HSS)**
4. Ensure all HSS are provided voluntarily through a person-centered, strengths-based approach.
   1. Regardless of HSS participation, engage with Participants regularly to build rapport and encourage participation.
5. Offer and assist Participants with accessing, maintaining, and navigating:
   1. Insurance coverage, including MaineCare coverage, as applicable;
   2. Needed MaineCare services, as applicable, including but not limited to Chapter 101, Sections [13](https://www.maine.gov/sos/sites/maine.gov.sos/files/content/assets/c2s013.docx), [17](https://www.maine.gov/sos/sites/maine.gov.sos/files/content/assets/c2s017.docx), [65](https://www.maine.gov/sos/sites/maine.gov.sos/files/content/assets/c2s065.docx), and [91](https://www.maine.gov/sos/sites/maine.gov.sos/files/content/assets/c2s091.docx) of the [MaineCare Benefits Manual](https://www.maine.gov/sos/rulemaking/agency-rules/mainecare-benefits-manual);
   3. Social services and benefits, including but not limited to social security disability (including a referral to SSI/SSDI Outreach, Access and Recovery (SOAR), as appropriate), transportation, and food access; and
   4. Community-based clinical resources, including but not limited to health care services and behavioral health services, including substance use treatment.
6. Ensure Participants have sufficient information and resources available, including contact information, to access needed services to address any emergent needs in a timely manner, including contact information to connect with the Behavioral Health Crisis System.
7. Assist Participants with building independent living skills by addressing [social determinants of health](https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health), including provision of Community Linkages and on-site community-building social events developed with Participant input.
   * + - 1. Should there be difficulties related to provision of on-site community-building social events, collaborate with the Department regarding alternative locations for provision of community-building social events.
8. Provide Housing Support and other stabilization services to Participants including, but not limited to, orientation and move-in assistance; lease comprehension; mediation; peer support services and coordination, as applicable; and Behavioral Health Crisis (Crisis) intervention.
9. Offer and provide Harm Reduction services.
10. For Participants without an external case manager, offer and provide case management services.
11. Complete an initial assessment of the Participant’s existing Ancillary Support(s) and natural support(s) within thirty (30) calendar days of the Participant’s request to begin HSS.
    1. Complete a needs assessment, if a needs assessment has not been completed by Ancillary Supports.
    2. If a needs assessment has been completed by Ancillary Supports, with Participant consent, utilize the completed assessment for development of the Participant’s individual service plan.
12. Ensure Participant needs are assessed at least annually after the initial assessment.
    1. If Participant needs have already been assessed by Ancillary Supports in that year, with Participant consent, utilize the assessment that has already been completed for development and update of the Participant’s individual service plan.
13. Utilize information garnered from assessments to develop person-centered, strengths based individual service plans, updated annually or more as needed.
14. Ensure all individual service planning addresses, at minimum:
    1. Health and behavioral health care needs, as applicable;
    2. Relationship building and maintenance, inclusive of natural support(s);
    3. Harm Reduction;
    4. Life skills development;
    5. Housing Support; and
    6. Care coordination.
15. Develop an individual Crisis plan with Participants as part of their overall individual service planning, as applicable.
16. Develop an individualized mitigation plan for each Participant that addresses historical and current barriers to maintaining permanent housing, should an adverse action occur as it pertains to tenancy.
17. Once the HSS program manual is published by the Department, follow all applicable review timelines for individualized service, Crisis, and mitigation plans.
    1. At minimum, plans must be reviewed annually, or more frequently when a life-changing event occurs, new information is obtained, and/or the Participant elects to change their plan(s).
18. **Staffing**
19. Ensure on-call support is available when staff are not in-person to ensure Participants’ needs are appropriately triaged.
20. Ensure HSS is provided through a multidisciplinary team, including sufficient supervision for clinical and non-clinical staff.
    1. At minimum, all staff must have at least one (1) year of experience providing direct services to individuals experiencing homelessness and/or at least one (1) year of direct lived experience with homelessness.
21. Ensure staffing aligns with the needs of Participants.
22. Ensure the staffing structure includes appropriate levels of oversight and/or supervision for each position, including at minimum, ensuring all staff:
    1. Receive regular supervision from qualified clinical personnel; and
    2. Participate in regular ongoing professional development and training related to HSS service provision.
23. Ensure all staff interacting with Participants, including supervising staff, have sufficient appropriate initial and ongoing training.
24. Ensure the staff composition is diverse and culturally sensitive and reflects the Participant’s cultural and communication needs.
25. Develop and maintain a network of volunteers, including Participants, who are available in-person who can provide peer support.
26. **Participant Tracking and Confidentiality Requirements**
    * + 1. At a minimum, ensure Participant data collection includes the U.S. Department of Housing and Urban Development (HUD) HMIS universal data elements, per **Appendix H**, U.S. HUD HMIS Data Dictionary.
        2. With Participant permission, enter required Participant data into the Maine CoC HMIS, as data becomes available, per the [Maine HMIS Data Quality Plan and Best Practices Guide](https://mainehmis.org/docs/hmiswebsitelibraries/hmis-governance-documents/maine-hmis-data-quality-plan-and-best-practices-guide.docx?sfvrsn=53c7fe02_2).
        3. Obtain and maintain insurance as outlined in the State of Maine [IT-Service Contract](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template%20%28locked%29_4.22.2025.pdf), under Rider B-IT, Section 19. Insurance Requirements.
        4. If the awarded Bidder electronically collects sensitive information (PII, PHI, and/or other confidential data) as part of the service delivery under the contract awarded under this RFP, the awarded Bidder must implement risk assessment and vulnerability scanning policies and procedures, at minimum to be equivalent to MaineIT policies for:

[Rules of Behavior (PL-4)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/RulesofBehavior.pdf);

[Risk Assessment Policy & Procedures (RA-1)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/RiskAssessmentPolicyProcedure.pdf); and

[Vulnerability Scanning Procedure (RA-5)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/VulnerablityScanningProcedure.pdf).

* + - 1. Comply with all State and Federal laws regarding the protection of confidential and/or sensitive information that is collected or maintained by the awarded Bidder, including, as applicable, notification to individuals in the event of unauthorized access or disclosure.
      2. Comply with all confidentiality requirements outlined in the State of Maine [IT-Service Contract](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template%20%28locked%29_4.22.2025.pdf), under Rider B-IT, Section 30. Confidentiality.
      3. The State will not consume any awarded Bidder’s applications, but the awarded Bidder will consume one/more State application(s).
      4. Report Critical Incidents to the Department following Department Critical Incident policy, once the HSS program manual is finalized by the Department.

1. **Performance Measures**
2. Perform all services proposed in response to this RFP by achieving all Performance Measures listed in **Table 1**.
   1. Submit data to support the performance measure utilizing a link to be provided by the Department or via a third-party data source, as indicated within the performance measure data source column of **Table 1**.
   2. Provide additional supportive documentation as indicated in **Table 1**, for Department validation of the summary data submitted in the Performance Measures Report as requested by the Department.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1**  **Mandatory Performance Measures** | | | |
|
| **Performance Measure** | | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| ***Reporting from the first year of the contract will establish baselines for each Performance Measure.*** | | | |
| *Office Goal/Initiative: Ensure Participants avoid a return to homelessness.* | | | |
| **a.** | At least eighty percent (80%) of Participants will execute a lease and take occupancy at a Property Under the Program within forty-five (45) days of program entry. | Quarterly | Provider Records |
| **b.** | At least eighty percent (80%) of Participants will have an executed lease for at least ninety percent (90%) of the time after initial housing move-in date. | Quarterly | Provider Records |
| **c.** | Less than five percent (5%) of [HQS](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-leasing-rental-assistance-requirements/codes-and-standards/) or [NSPIRE](https://www.hud.gov/program_offices/public_indian_housing/reac/nspire) inspections will fail for causes attributable to the Tenant. | Quarterly | Provider Records |
| **d.** | At least eighty-five (85%) of Participants who exit the program will exit to a non-time-limited stable housing option.  Examples of non-time-limited stable housing include, but are not limited to: [Section 8 Housing Choice Vouchers](https://mainehousing.org/programs-services/rental/rentaldetail/housing-choice-vouchers), and other types of affordable or [subsidized housing](https://www.mainehousing.org/programs-services/rental/subsidized-housing); [Assisted Living](https://www.maine.gov/dhhs/dlc/licensing-certification/assisted-housing); living with family; home ownership; and [long-term Residential Care Facility placement](https://www.maine.gov/dhhs/dlc/licensing-certification/assisted-housing). | Quarterly | Provider Records |
| *Office Goal/Initiative: Ensure Participants receive necessary benefits, services and supports.* | | | |
| **e.** | For Participants without adequate healthcare insurance coverage at program enrollment, at least ninety percent (90%) of Participants applied for MaineCare and/or other health insurance within sixty (60) days of the Participant’s move-in date at the HSS Unit. | Quarterly | Provider Records |

# **Reports**

* 1. Track and record all data/information necessary to complete the required reports listed in **Table 2**:

| **Table 2 – Required Reports** | | |
| --- | --- | --- |
| **Name of Report or On-Site Visit** | | **Description or Appendix #** |
| **a.** | Performance Measures Report | A reporting link provided by the Department. |
| **b.** | Department On-Site Visit | As agreed, between the Department and awarded Bidder. |
| **c.** | Critical Incident Reporting | During contract negotiations, the Department will provide additional information regarding Critical Incident reporting. The system to be used for Critical Incident reporting will be through [Acentra](https://me.acentra.com/), and will mirror the existing Critical Incident reporting processes and procedures currently in existence for behavioral health service provision, as indicated in the Critical Incident training resources available on the [Acentra Health Maine Training Additional Resources webpage](https://me.acentra.com/training/). |
| **d.** | Monthly Report | A reporting link will be provided by the Department. Data to be provided shall include, but not be limited to:Real staff work and time allocation spent during the month, including scheduled and ad-hoc time spent on-site, off-site, on outreach, and/or other appropriate HSS activities;Number of Participants choosing to receive and/or declining to participate in HSS, including dates of service enrollment or service exiting, as applicable;Number of Participants without a lease or move-in date and number of Tenants;Relevant participation and tenancy dates, including program entry date and lease signage date(s);Any occurrence(s) that affects or has the potential to affect the Participant’s ability to maintain tenancy at an HSS Unit;Information regarding [HQS](https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/hqs) or [NSPIRE](https://www.hud.gov/program_offices/public_indian_housing/reac/nspire) inspections/re-inspections, including number of inspections/re-inspections completed and number that passed or failed;Information regarding housing assistance recertifications, including number of recertifications completed and number of overdue recertifications;Any breaks in tenancy (e.g., eviction, hospitalization and incarceration);Any criminal charges received by Participants, including but not limited to charges that may result in police custody;Number of initiated and successful linkages, facilitated by HSS staff, including Community Linkages and healthcare-related linkages;Number of Participants assessed as needing assistance with benefits applications (e.g., SNAP) and/or re-certification, including health insurance (e.g., MaineCare);Number of Participants enrolled in health insurance, delineated by insurer (e.g., MaineCare);Number of Participants provided with direct assistance by HSS staff in completing any activity(/ies) associated with acquiring or maintaining income stability (e.g., SSA, child support, and employment assistance);Number of Participants receiving MaineCare Chapter II, Sections 13, 17, 65, and 91;Number of on-site and off-site community-building social HSS events held, including percentage of on-site and off-site community-building social events that had at least one (1) Participant in attendance; andNumber of Participants with unpaid Tenant rent and/or unpaid utility bills. |
| **e.** | Annual Narrative Report | Includes at minimum:A summary of achievements made during the last year;A summary of barriers and challenges identified during the last year, including efforts to mitigate them;A narrative describing operations and/or processes to be improved upon in the next year, including anticipated quality improvement and assurance actions; andA summary of all on-site HSS events held, including Participant input into scheduling and type of events. |
| **f.** | Satisfaction Survey Summary | Summary and trends on the results from the annual Participant satisfaction survey, including the actual survey results. The summary must also include the anticipated applicable program planning, quality assurance and/or quality improvement actions to be taken by the awarded Bidder to address trends analyzed from satisfaction survey results. |
| **g.** | Monthly Financial Report | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents), including appropriate documentation validating staff hours worked each month and associated invoicing. |
| **h.** | Agreement Closeout Report | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/contracts/index.html). |

# Submit all the required reports to the Department in accordance with the timelines established in **Table 3**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3 – Required Reports Timelines** | | | |
| **Name of Report or On-Site Visit** | | **Period Captured by Report or On-Site Visit** | **Due Date** |
| **a.** | Performance Measures Report | Each quarter | Thirty (30) days after the end of each quarter |
| **b.** | Department On-Site Visit | Point-in-time | Annually, at the Department’s discretion, including impromptu brief informal on-site visits to be negotiated with the awarded Bidder. |
| **c.** | Critical Incident Reporting | Per each incident | The Department will provide additional information regarding critical incident reporting during contract negotiations. The system to be used for critical incident reporting will be through [Acentra](https://me.acentra.com/).Anticipated Critical Incident timelines will follow existing behavioral health Critical Incident reporting processes, mirroring the below timeline:  * Level I Critical Incident: Report within four (4) hours if within Monday-Friday, or if not, next day by 9:00 a.m. * Level II Critical Incident: Report within twenty-four (24) hours if within, Monday-Friday, or if not, next day by 9:00 a.m. |
| **d.** | Monthly Report | Each month | Fifteen (15) calendar days after the end of each month |
| **e.** | Annual Narrative Report | Each year | Annually, December 1st |
| **f.** | Satisfaction Survey Summary | Each year | Annually, December 1st |
| **g.** | Monthly Financial Report | Each month | Twenty (20) calendar days after the end of each month |
| **h.** | Agreement Closeout Report | Entire contract period | Sixty (60) days following the close of the contract period. |

**PART III KEY RFP EVENTS**

1. **Informational Meeting**

The Department will sponsor an Informational Meeting concerning the RFP beginning at the date, time and location shown on the RFP cover page. The purpose of the Informational Meeting is to answer and/or field questions, clarify for potential Bidders any aspect of the RFP requirements that may be necessary and provide supplemental information to assist potential Bidders in submitting responses to the RFP. Although attendance at the Informational Meeting is not mandatory, it is strongly encouraged that interested Bidders attend.

1. **Questions**
   1. **General Instructions:** It is the responsibility of all Bidders and other interested parties to examine the entire RFP and to seek clarification, in writing, if they do not understand any information or instructions.
      1. Bidders and other interested parties should use **Appendix J** (Submitted Questions Form) for submission of questions. If used, the form is to be submitted as a WORD document.
      2. Questions must be submitted, by e-mail, and received by the RFP Coordinator identified on the cover page of the RFP as soon as possible but no later than the date and time specified on the RFP cover page.
      3. The RFP number and title must be included in the subject line of the e-mail containing the submitted questions. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.
   2. **Question & Answer Summary:** Responses to all questions will be compiled in writing and posted on the State’s [Office of State Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps) no later than seven (7) calendar days prior to the proposal due date. It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website are considered binding.
2. **Amendments**

All amendments released in regard to the RFP will be posted on the State’s [Office of State Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps). It is the responsibility of all interested parties to go to this website to obtain amendments. Only those amendments posted on this website are considered binding.

## Notice of Intent to Bid

* + - 1. **Notice of Intent Due:** Bidders interested in submitting a proposal are required to submit **Appendix I** (Notice of Intent to Bid) by the date and time specified on this RFP’s cover page.

Failure to submit a Notice of Intent to Bid by this deadline will automatically result in a Bidder’s proposal being disqualified from the evaluation process.

* + - 1. **Submission:** Notices of Intent to Bid are to be submitted only to the RFP Coordinator listed on this RFP’s cover page. The Bidder is responsible for allowing adequate time for delivery. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.

1. **Bidders must submit a separate Notice of Intent for each Target Areas (Hub) they intend to bid on.**
2. **Proposal Submission**
   1. **Proposals Due:** Proposals must be received no later than 11:59 p.m. local time, on the date listed on the cover page of the RFP.
      1. Any e-mails containing original proposal submissions or any additional or revised proposal files, received after the 11:59 p.m. deadline, will be rejected without exception.
   2. **Bidders must submit a separate proposal for each Target Areas (Hub) they intend to bid on.**
   3. **Delivery Instructions:** E-mail proposal submissions must be submitted to the Office of State Procurement Services at [Proposals@maine.gov](mailto:Proposals@maine.gov).
      1. Only proposal submissions received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
         1. Proposal submission e-mails that are successfully received by the [proposals@maine.gov](mailto:proposals@maine.gov) inbox will receive an automatic reply stating as such.
      2. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
      3. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Bidders should work with their Information Technology team to ensure that the proposal submission will not be encrypted due to any security settings.
      4. File size limits are 25MB per e-mail. Bidders may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
   4. **Submission Format:**
      1. Bidders are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202508118 Proposal Submission – [Bidder’s Name]”**
      2. Bidder’s proposal submissions are to be broken down into multiple files, with each file named as it is titled in bold below, and include:

* **File 1 [Bidder’s Name] – Preliminary Information:**

*PDF format preferred*

**Appendix A** (Proposal Cover Page)

**Appendix B** (Responsible Bidder Certification)

**Appendix C** (Eligibility to Submit a Bid and Attestation Statement)

All required eligibility documentation stated in PART IV, Section I, should be included in one (1) PDF file.

* **File 2 [Bidder’s Name] – Organization Qualifications and Experience:**

*PDF format preferred*

**Appendix D** (Organization Qualifications and Experience Form)

**Appendix E** (Litigation Form)

All required information and attachments stated in PART IV, Section II, should be included in one (1) PDF file.

* **File 3 [Bidder’s Name] – Proposed Services:**

*PDF format preferred*

**Appendix F** (Response to Proposed Services)

All required information and attachments stated in PART IV, Section III, should be included in one (1) PDF file.

* **File 4 [Bidder’s Name] – Cost Proposal and Budget Narrative:**

*Excel and PDF format preferred*

**Appendix G** (Cost Proposal and Budget Narrative)

All required information and attachments stated in PART IV, Section IV.

**PART IV PROPOSAL SUBMISSION REQUIREMENTS**

This section contains instructions for Bidders to use in preparing their proposals. The Department seeks detailed yet succinct responses that demonstrate the Bidder’s qualifications, experience, and ability to perform the requirements specified throughout the RFP.

Bidder proposals must follow the outline used below, including the numbering, section, and sub-section headings. Failure to use the outline specified in PART IV, or failure to respond to all questions and instructions throughout the RFP, may result in the proposal being disqualified as non-responsive or receiving a reduced score. The Department, and its evaluation team, has sole discretion to determine whether a variance from the RFP specifications will result either in disqualification or reduction in scoring of a proposal. Rephrasing of the content provided in the RFP will, at best, be considered minimally responsive.

Bidders are not to provide additional attachments beyond those specified in the RFP for the purpose of extending their response. Additional materials not requested will not be considered part of the proposal and will not be evaluated. Bidders must include any forms provided in the submission package or reproduce those forms as closely as possible. All information must be presented in the same order and format as described in the RFP.

**Proposal Format and Contents**

**Section I Preliminary Information** (File #1)

* 1. **Proposal Cover Page**

Bidders must complete **Appendix A** (Proposal Cover Page). It is critical that the cover page show the specific information requested, including Bidder address(es) and other details listed. The Proposal Cover Page must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

* 1. **Responsible Bidder Certification**

Bidders must complete **Appendix B** (Responsible Bidder Certification). The Responsible Bidder Certification must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

* 1. **Eligibility Requirements**

Bidders must provide documentation to demonstrate meeting eligibility requirements stated in PART I, C. of the RFP. This documentation includes:

1. **Appendix C** (Eligibility to Submit a Bids and Attestation Statement)

**Section II Organization Qualifications and Experience** (File #2)

* 1. **Overview of the Organization**

Bidders must complete **Appendix D** (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in the RFP. Bidders must include three (3) examples of projects within the last five (5) years, which demonstrate their experience and expertise in performing these services as well as highlighting the Bidder’s stated qualifications and skills.

* 1. **Project Team Organizational Chart**

Bidders must provide a legible organizational chart of the project team including to whom the project team reports. Note: individual project team positions are to be identified in the job description and staffing plan requirements of **Appendix F** (Response to Proposed Services).

* 1. **Litigation**

Bidders must complete **Appendix E** (Litigation Form) providing a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree.  For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none” on **Appendix E** (Litigation Form).

* 1. **Financial Viability**

Bidders must provide the three (3) most recent years of Financial Statements audited or reviewed by a Certified Public Accountant.

* 1. **Certificate of Insurance**

Bidders must provide a valid certificate of insurance on a standard ACORD form (or the equivalent) evidencing the Bidder’s general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

|  |  |
| --- | --- |
| **Required Attachments Related to Organization Qualifications and Experience** | |
| **Attachment #:** | **Attachment Name:** |
| One (1) | Qualifications and Experience Form |
| Two (2) | Organizational Chart |
| Three (3) | Litigation Form |
| Four (4) | Financial Viability |
| Five (5) | Certificate of Insurance |

Attachments 1 – 5 must be included in numerical order, as part of File 2, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 1 – 5 will be reviewed and evaluated by the Department’s evaluation team under the Organization Qualifications and Experience section of this RFP.

**Section III Proposed Services** (File #3)

Bidder must complete **Appendix F** (Response to Proposed Services) by providing a detailed response to the requirements outlined in this RFP.

|  |  |
| --- | --- |
| **Required Attachments Related to Proposed Services** | |
| **Attachment #:** | **Attachment Name:** |
| Six (6) | Anticipated Partnerships with MaineCare Health and Behavioral Health Providers |
| Seven (7) | Training Plan |
| Eight (8) | Job Descriptions |
| Nine (9) | Staffing Plan |
| Ten (10) | Implementation - Work Plan |

Attachments 6 – 10 must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 6 – 10 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

**Section IV Cost Proposal and Budget Narrative** (File #4)

* 1. **General Instructions**
     1. Bidders must submit a cost proposal that covers the period starting 1/1/2026 and ending 12/31/2027.
     2. **The proposed cost must be based on providing HSS for ten (10) HSS Units for twenty (20) hours per week.**
     3. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.
     4. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
  2. **Cost Proposal Form Instructions**

1. Bidders must fill out **Appendix G** (Cost Proposal and Budget Narrative), following the instructions detailed and in the form. Failure to provide the requested information, and to follow the required cost proposal format provided, may result in disqualification or reduction in scoring of the cost proposal, at the discretion of the Department.
2. **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms.

**PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals will be accomplished as follows:

1. **Evaluation Process – General Information**
   1. An evaluation team, composed of qualified reviewers, will judge the merits of the proposals received in accordance with the criteria defined in the RFP.
   2. Officials responsible for making decisions on the award selection will ensure that the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications. The goals of the evaluation process are to ensure fairness and objectivity in review of the proposals and to ensure that the contract is awarded to the Bidder whose proposal provides the best value to the State of Maine.
   3. The Department reserves the right to communicate and/or schedule interviews/presentations with Bidders, if needed, to obtain clarification of information contained in the proposals received. The Department may revise the scores assigned in the initial evaluation to reflect those communications and/or interviews/presentations.
   4. Changes to proposals, including updating or adding information, will not be permitted during any portion of the evaluation process. Therefore, Bidders must submit proposals that present their rates and other requested information as clearly and completely as possible.
2. **Scoring Weights and Process**
   1. **Scoring Weights:** Proposal scores will be based on a 100-point scale and will measure the degree to which each proposal meets the following criteria:

|  |  |  |
| --- | --- | --- |
| **Section I.** | **Preliminary Information**  Proposal materials to be evaluated in this section: all elements addressed in Part IV, Section I of the RFP. | **No Points – Eligibility Requirements** |
| **Section II.** | **Organization Qualifications and Experience** Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section II of the RFP. | **30 points** |
| **Section III.** | **Proposed Services**  Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section III of the RFP. | **40 points** |
| **Section IV.** | **Cost Proposal and Budget Narrative**  Proposal materials to be evaluated in this section:all elements addressed above in Part IV, Section IV of the RFP.   * 1. Cost Proposal (25 points) | **30 points** |
| 1. Budget Narrative (5 points) |

* 1. **Scoring Process:** , the evaluation team will use a consensus approach to evaluate and score Sections II & III above. Members of the evaluation team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections. Section IV, the Cost Proposal, will be scored as described below.
  2. **Scoring the Cost Proposal:** The total cost proposed for conducting all the functions specified in the RFP will be assigned a score according to a mathematical formula. The lowest bid will be awarded 25 points. Proposals with higher bids values will be awarded proportionately fewer points calculated in comparison with the lowest bid.

The scoring formula is:

(Lowest submitted cost proposal / Cost of proposal being scored) x 25 = pro-rated score

No Best and Final Offers: The State of Maine will not seek or accept a best and final offer (BAFO) from any Bidder in this procurement process.  All Bidders are expected to provide their best value pricing with the submission of their proposal.

The remaining five (5) points allocated to the Budget Narrative (**Appendix G**) will be used to evaluate the responsiveness of the narrative material and supporting documentation for accuracy and reasonableness of the proposed cost (including, but not limited to, reviewing assumptions used in calculating the costs). The evaluation team will use a consensus approach to evaluate and score the budget narrative.

* 1. **Negotiations:** The Department reserves the right to negotiate with the awarded Bidder to finalize a contract. Such negotiations may not significantly vary the content, nature or requirements of the proposal or the Department’s Request for Proposal to an extent that may affect the price of goods or services requested. The Department reserves the right to terminate contract negotiations with an awarded Bidder who submits a proposed contract significantly different from the proposal they submitted in response to the advertised RFP. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, the Department may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.

1. **Selection and Award**
   1. The final decision regarding the award of the contract will be made by representatives of the Department subject to approval by the State Procurement Review Committee.
   2. Notification of conditional award selection or non-selection will be made in writing by the Department.
   3. Issuance of the RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to the RFP, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.
   4. The Department reserves the right to reject any and all proposals or to make multiple awards.
2. **Appeal of Contract Awards**

Any person aggrieved by the award decision that results from the RFP may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in [5 M.R.S.A. § 1825-E](http://www.mainelegislature.org/legis/statutes/5/title5sec1825-E.html) and [18-554 Code of Maine Rules Chapter 120](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-120).  The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within 15 calendar days of receipt of notification of conditional contract award.

**PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

1. **Contract Document**
   1. The awarded Bidder will be required to execute a State of Maine Service Contract with appropriate riders as determined by the issuing department.

The complete set of standard State of Maine Service Contract documents, along with other forms and contract documents commonly used by the State, may be found on the [Office of State Procurement Services forms](https://www.maine.gov/dafs/bbm/procurementservices/forms) website.

Forms and contract documents commonly used by the Department can be found on the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management).

* 1. Allocation of funds is final upon successful negotiation and execution of the contract, subject to the review and approval of the State Procurement Review Committee. Contracts are not considered fully executed and valid until approved by the State Procurement Review Committee and funds are encumbered. No contract will be approved based on an RFP which has an effective date less than fourteen (14) calendar days after award notification to Bidders. (Referenced in the regulations of the Department of Administrative and Financial Services, [Chapter 110, § 3(B)(i)](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-110).)

This provision means that a contract cannot be effective until at least 14 calendar days after award notification.

* 1. The State recognizes that the actual contract effective date depends upon completion of the RFP process, date of formal award notification, length of contract negotiation, and preparation and approval by the State Procurement Review Committee. Any appeals to the Department’s award decision(s) may further postpone the actual contract effective date, depending upon the outcome. The contract effective date listed in the RFP may need to be adjusted, if necessary, to comply with mandated requirements.
  2. In providing services and performing under the contract, the awarded Bidder must act as an independent contractor and not as an agent of the State of Maine.

1. **Standard State Contract Provisions**
   1. Contract Administration

Following the award, a Contract Administrator from the Department will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. Department staff will be available after the award to consult with the awarded Bidder in the finalization of the contract.

* 1. Payments and Other Provisions

The State anticipates paying the Contractor on the basis of net 30 payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from the RFP.

**PART VII LIST OF RFP APPENDICES AND RELATED DOCUMENTS**

**Appendix A** – Proposal Cover Page

**Appendix B** – Responsible Bidder Certification

**Appendix C** – Eligibility to Submit a Bid and Attestation Statement

**Appendix D** – Qualifications and Experience Form

**Appendix E** – Litigation Form

**Appendix F** – Response to Proposed Services

**Appendix G** – Cost Proposal and Budget Narrative

**Appendix H** – U.S. HUD HMIS Data Dictionary

**Appendix I** – Notice of Intent to Bid

**Appendix J** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**PROPOSAL COVER PAGE**

**RFP# 202508118**

**Housing Stability Services**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Bidder’s Organization Name:** | |  | | | | |
| **Proposed Target Area (Hub)**  *Select* ***only*** *one (1) Hub per proposal submission* | | | | | | |
| **Hub** | **County(ies)** | | | | | |
| **Hub 1** | York | | | | | |
| **Hub 2** | Cumberland | | | | | |
| **Hub 3** | Midcoast: Sagadahoc, Knox, Lincoln and Waldo Counties, and the Towns of Brunswick and Harpswell | | | | | |
| **Hub 4** | Androscoggin | | | | | |
| **Hub 5** | Western: Oxford and Franklin Counties, and the Towns of Livermore and Livermore Falls | | | | | |
| **Hub 6** | Central: Somerset and Kennebec | | | | | |
| **Hub 7** | Penquis: Penobscot and Piscataquis | | | | | |
| **Hub 8** | Downeast: Washington and Hancock | | | | | |
| **Hub 9** | Aroostook | | | | | |
| **Vendor Customer Code**  (for current State of Maine vendors)**:** | | | | | VC | |
| **Chief Executive - Name/Title:** | |  | | | | |
| **Tel:** |  | | | **E-mail:** | |  |
| **Headquarters Street Address:** | |  | | | | |
| **Headquarters City/State/Zip:** | |  | | | | |
| ***(Provide information requested below if different from above)*** | | | | | | |
| **Lead Point of Contact for Proposal - Name/Title:** | | |  | | | |
| **Tel:** |  | | | **E-mail:** | |  |
| **Street Address:** | |  | | | | |
| **City/State/Zip:** | |  | | | | |

* This proposal and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
* No personnel currently employed by the Department participated, either directly or indirectly, in any activities relating to the preparation of the Bidder’s proposal.
* No attempt has been made, or will be made, by the Bidder to induce any other person or firm to submit or not to submit a proposal.
* The above-named organization is the legal entity entering into the resulting contract with the Department if they are awarded the contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

*To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**RESPONSIBLE BIDDER CERTIFICATION**

**RFP# 202508118**

**Housing Stability Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization and its principals named in this proposal:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
   1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or contract.*
   2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.*
3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification.*
4. *Have not within a three (3) year period preceding this proposal had one or more federal, state, or local government transactions terminated for cause or default*.
5. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*
6. *Is not a foreign adversary business entity (*[*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies)*).*
7. *Is not on the list of prohibited companies (*[*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies)*) or does not obtain or purchase any information or communications technology or services included on the list of prohibited information and communications technology and services* [*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies) *(Title 5 §2030-B).*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## ELIGIBILITY TO SUBMIT A BID AND ATTESTATION STATEMENT

**RFP# 202508118**

**Housing Stability Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Attestation Statement** | |
| In order to be eligible to submit a bid, Bidders, including their overarching organization, as applicable, may not own or have a financial interest in any property where Housing Stabilization Services (HSS) are provided. | |
| *By signing this form, the Bidder and its overarching organization, as appliable, does not and will not own or have any financial interest in any property where Housing Stabilization Services (HSS) are being provided.* | |

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**Bidders must provide the above attestation as well as a letter(s) of commitment from the property owner(s) where HSS will be provided. Letters of commitment must identify, collectively, at least ten (10) HSS Units.**

**Bidder must have the property owner(s) complete the letter of commitment on the next page.**

**Proposals which do not include a letter of commitment from the property owner(s) where HSS will be provided, will be disqualified from the evaluation process.**

## PROPERTY MANAGER

## LETTER OF COMMITMENT

**RFP# 202508118**

**Housing Stability Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

***This form must be completed in its entirety and signed by the Property Owner(s). The Bidder must submit this form(s) with its proposal submission.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Property Owner(s) Name:** | |  | | | | |
| **Tel:** | |  | | **E-mail:** |  | |
| **Street Address:** | |  | | | | |
| **City/State/Zip:** | |  | | | | |
|  | | | | | | |
| **Property Management Name:** | |  | | | | |
| **Tel:** | |  | | **E-mail:** |  | |
| **Street Address:** | |  | | | | |
| **City/State/Zip:** | |  | | | | |
|  | | | | | | |
| 1. **Provide a statement that you, as the Property Owner, supports the aforementioned Bidder to provide Housing Stability Services (HSS), at one (1) or more of your properties, as applicable** | | | | | | |
|  | | | | | | |
| 1. **Provide the name of the property, if applicable, and physical address(es) where HSS Units will be available** | | | | | | |
| **Property #1** | | | | | | |
| **Property Name:** | |  | | | | |
| **Physical Address:** | |  | | | | |
| **a.** | **Is this property for project-based rental assistance?** | | | | | Yes  No |
| **If yes, total number of units at the property:** |  | **Total number of units designed for HSS:** | | |  |
| **b.** | **Is this property for tenant-based rental assistance?** | | | | | Yes  No |
| **If yes, total number of units at the property:** |  | **Total number of units designed for HSS:** | | |  |
| **Property #2** | | | | | | |
| **Property Name:** | |  | | | | |
| **Physical Address:** | |  | | | | |
| **a.** | **Is this property for project-based rental assistance?** | | | | | Yes  No |
| **If yes, total number of units at the property:** |  | **Total number of units designed for HSS:** | | |  |
| **b.** | **Is this property for tenant-based rental assistance?** | | | | | Yes  No |
| **If yes, total number of units at the property:** |  | **Total number of units designed for HSS:** | | |  |
| **Property #3** | | | | | | |
| **Property Name:** | |  | | | | |
| **Physical Address:** | |  | | | | |
| **a.** | **Is this property for project-based rental assistance?** | | | | | Yes  No |
| **If yes, total number of units at the property:** |  | **Total number of units designed for HSS:** | | |  |
| **b.** | **Is this property for tenant-based rental assistance?** | | | | | Yes  No |
| **If yes, total number of units at the property:** |  | **Total number of units designed for HSS:** | | |  |
| **Property #4** | | | | | | |
| **Property Name:** | |  | | | | |
| **Physical Address:** | |  | | | | |
| **a.** | **Is this property for project-based rental assistance?** | | | | | Yes  No |
| **If yes, total number of units at the property:** |  | **Total number of units designed for HSS:** | | |  |
| **b.** | **Is this property for tenant-based rental assistance?** | | | | | Yes  No |
| **If yes, total number of units at the property:** |  | **Total number of units designed for HSS:** | | |  |
| **Property #5** | | | | | | |
| **Property Name:** | |  | | | | |
| **Physical Address:** | |  | | | | |
| **a.** | **Is this property for project-based rental assistance?** | | | | | Yes  No |
| **If yes, total number of units at the property:** |  | **Total number of units designed for HSS:** | | |  |
| **b.** | **Is this property for tenant-based rental assistance?** | | | | | Yes  No |
| **If yes, total number of units at the property:** |  | **Total number of units designed for HSS:** | | |  |
| 1. **Provide a statement on how you, as the property owner, intend to work with the Bidder (if awarded a contract) to support the provision of HSS, including on-site services.** | | | | | | |
|  | | | | | | |
| ***By signing this form, you as the property owner intend to enter into a Memorandum of Understanding (MOU), with the Bidder (if awarded a contract) within thirty (30) calendar days of the initial period of performance, with the following minimum requirements:***   * *Property owner name and property management provider(s) name, as applicable;* * *Name of the property(/ies), if applicable, and physical address where HSS Units are available;* * *Identify if each physical location is used for project-based rental assistance or tenant-based rental assistance;* * *The total number of unit(s) at each physical address and the total number of unit(s) designated for HSS; and* * *Responsibility delineation of the awarded Bidder providing HSS and property owner, which must include how the property owner intends to work with the awarded Bidder to support the provision of HSS, including ensuring the awarded Bidder has access to the building for general operations and emergency situations, and the capacity to utilize common areas, if applicable, for HSS program activities.* | | | | | | |

|  |  |
| --- | --- |
| **Property Owner Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202508118**

**Housing Stability Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **Present a brief statement of qualifications and describe the history of the Bidder’s organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. You may expand this form and use additional pages to provide this information.** |
|  |

|  |
| --- |
| **Provide a description of three (3) projects that occurred within the past five (5) years which reflect experience and expertise needed in performing the functions described in Part II – Scope of Services to be Provided of the RFP. Contract history with the State of Maine, whether positive or negative, may be considered in evaluating proposals even if not provided by the Bidder.**  *If the Bidder has not provided similar services, note this, and describe experience with projects that highlight the Bidder’s general capabilities.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project One** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Include a detailed description of the project below:** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Two** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Include a detailed description of the project below:** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Three** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Include a detailed description of the project below:** | | | | |
|  | | | | |

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## LITIGATION FORM

**RFP# 202508118**

**Housing Stability Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **Provide a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none.”** |

|  |  |
| --- | --- |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## RESPONSE TO PROPOSED SERVICES

**RFP# 202508118**

**Housing Stability Services**

**The response to proposed services form may be obtained in a Word (.docx) format by double clicking on the document icon below.**

****

**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**COST PROPOSAL AND BUDGET NARRATIVE**

**RFP# 202508118**

**Housing Stability Services**

|  |  |  |
| --- | --- | --- |
| **Bidder’s Organization Name:** | |  |
| **Proposed Target Area (Hub)**  *Select* ***only*** *one (1) Hub per proposal submission* | | |
| **Hub** | **County(ies)** | |
| **Hub 1** | York | |
| **Hub 2** | Cumberland | |
| **Hub 3** | Midcoast: Sagadahoc, Knox, Lincoln and Waldo Counties, and the Towns of Brunswick and Harpswell | |
| **Hub 4** | Androscoggin | |
| **Hub 5** | Western: Oxford and Franklin Counties, and the Towns of Livermore and Livermore Falls | |
| **Hub 6** | Central: Somerset and Kennebec | |
| **Hub 7** | Penquis: Penobscot and Piscataquis | |
| **Hub 8** | Downeast: Washington and Hancock | |
| **Hub 9** | Aroostook | |

|  |  |
| --- | --- |
| **Proposed Cost:** | **$** |

Bidders must submit a cost proposal that includes the cost necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.

**In order to ensure fairness in cost across each Hub, the proposed cost must be based on providing HSS for ten (10) HSS Units for twenty (20) hours per week. The Department will negotiate with the awarded Bidders who are able to provide HSS for more than ten (10) HSS Units more than twenty (20) hours per week.**

The Total Expense on Form 2 Expense Summary will be used to score the cost proposal as defined in Part V, B.3. of the RFP.

**The Cost Proposal form may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**

****

**The Budget Form Instructions may be obtained in a PDF (.pdf) format by double clicking on the document icon below.**

****

|  |
| --- |
| **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms. |
|  |

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**U.S. HUD HMIS Data Dictionary**

**RFP# 202508118**

**Housing Stability Services**

**The U.S. HUD Data Dictionary may be obtained in a PDF (.pdf) format by double clicking on the document icon below.**



**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**NOTICE OF INTENT TO BID**

**RFP# 202508118**

**Housing Stability Services**

|  |  |  |
| --- | --- | --- |
| **Bidder’s Organization Name:** | |  |
| **Proposed Target Area (Hub)**  *Select* ***only*** *one (1) Hub per proposal submission* | | |
| **Hub** | **County(ies)** | |
| **Hub 1** | York | |
| **Hub 2** | Cumberland | |
| **Hub 3** | Midcoast: Sagadahoc, Knox, Lincoln and Waldo Counties, and the Towns of Brunswick and Harpswell | |
| **Hub 4** | Androscoggin | |
| **Hub 5** | Western: Oxford and Franklin Counties, and the Towns of Livermore and Livermore Falls | |
| **Hub 6** | Central: Somerset and Kennebec | |
| **Hub 7** | Penquis: Penobscot and Piscataquis | |
| **Hub 8** | Downeast: Washington and Hancock | |
| **Hub 9** | Aroostook | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Chief Executive - Name/Title:** | |  | | |
| **Tel:** |  | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | |
| **Headquarters City/State/Zip:** | |  | | |
| ***(Provide information requested below if different from above)*** | | | | |
| **Lead Point of Contact for Proposal - Name/Title:** | | |  | |
| **Tel:** |  | | **E-mail:** |  |
| **Street Address:** | |  | | |
| **City/State/Zip:** | |  | | |

|  |
| --- |
| **Provide a brief description of the Bidder’s experience and ability to perform the work required within this RFP.** |
|  |

|  |  |
| --- | --- |
| **Signature of person authorized to enter into the contract with the Department:** | |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**SUBMITTED QUESTIONS FORM**

**RFP# 202508118**

**Housing Stability Services**

This form should be used by Bidders when submitting written questions to the RFP Coordinator as defined in Part III of the RFP.

If a question is not related to any section of the RFP, enter “N/A” under the RFP Section & Page Number. Add additional rows as necessary.

|  |  |
| --- | --- |
| **Organization Name:** |  |

|  |  |
| --- | --- |
| **RFP Section & Page Number** | **Question** |
|  |  |
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