



773 St. Johns Road
Drums, Pa. 18222
Phone: 570-788-8320
Fax: 570-788-8321

Ale

12 Mo

April 21, 2014

Administrator/Director
Luzerne Wyoming Mental Health & Developmental Services
Pennsylvania Avenue
Wilkes Barre, Pa. 18701

Dear Administrator/Director:

As requested in the RFP instructions, attached is the original proposal, and two copies for the period of January 1, 2015 – December 31, 2015.

LG Intervention Specialists, Inc. would like to formally request your consideration to obtain a contract to provide early intervention services for Luzerne-Wyoming County. My name is Laurene Gabriel; and I am the president of this agency; and with whom all questions and correspondence about the agency may be directed. I am also a Speech Language Pathologist who is experienced in early intervention service delivery since 2002.

LG Intervention Specialists, Inc. has been fulfilling our current contract with Luzerne-Wyoming County, and has done so for several years. We would again appreciate the opportunity to continue for the upcoming period from January 1, 2015 through December 31, 2015. It is our mission to provide quality service to the children, families, service coordinators, and entire county staff for which we will serve. The entire staff here is dedicated and passionate about fulfilling the purpose of early intervention; and we strongly believe in supporting children and families to the best of our abilities.

Thank you for your consideration.

Sincerely,

Laurene Gabriel, MS, CCC-SLP
President
LG Intervention Specialist, Inc.

LG Intervention Specialists, Inc. has the following procedures in place (not limited to):

- Permission to evaluate/treat forms signed by families/guardians, which include the acknowledgement and understanding of mandated reporting/incident management
- Confidentiality agreements signed by families/guardians following discussion/understanding
- Cancellation/ Illness policies signed by families/guardians
- All charts/personal and private information is kept in locked cabinets; with access only to the state, county, and agency professionals who legally have access
- Information is shredded that contains any personal/private information that needs to be discarded
- Hold professional liability insurance with a rider insuring Luzerne-Wyoming County and the Department of Public Welfare

LG Intervention Specialists, Inc. will:

- Provide all services in the child's natural environment
- Adhere to MH/DS regulations
- Follow the guidelines as outlined in each IFSP for designated outcomes and strategies and family concerns
- Target each child's strengths and needs within a functional family framework; and evaluate/assess as needed
- Be sure every service provider is responsible for completing necessary documentation as required by the state, county, and/or government agency
- Make every effort to attend any function when requested; whether it be the direct service provider and/or management (ie.- Meetings, LICC events, trainings)
- Inform the service coordinator of any concerns regarding a child's progress, etc. to ensure an interdisciplinary approach to care
- Provide the family/caregiver with recommendations to integrate strategies into daily routines . Staff will be available to answer questions within the scope of their expertise, and/or provide a means to get answers and resources
- Be available to help the family during the transition time, to make it as smooth as possible
- Be willing and open to facilitate carry-over of strategies/techniques from other service providers/agencies to optimize the early intervention process
- Retain all records/reports for a minimum of four years, or whatever specific time period is requested or necessary
- Use the funds provided in the manner set forth by the Program
- Develop outcome measures and collect data
- Perform all obligations in accordance with State and Federal rules and regulations including, but not limited to, HIPAA, EEO, Affirmative Action Employment Plan, the client's civil and legal rights, and licensing and other quality of service standards
- Promote competence in our service area
- Agree to follow any auditing standards necessary



773 St. Johns Road
Drums, Pa. 18222
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Fax: 570-788-8321

Attached please find the current professional licenses and teaching certificate for the intervention staff with LG Intervention Specialists, Inc.

Attached also find the corporation's liability insurance that is required for obtaining and maintaining an early intervention contract for services in Luzerne-Wyoming County.

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs
Speech Language Pathologist

License Number
SL006050L

Expiration Date
07/31/2014

Registration Code
L952031Z

License Status
Active

LAURENE S GABRIEL
773 ST JOHNS ROAD
DRUMS PA 18222



OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Registration Code

Your registration code is found on the attached wallet card.

Use this registration code online to: renew your license, change your personal or license address, or order duplicate licenses.

Visit our website at: www.mylicense.state.pa.us

First time users will be required to use this registration code to create a user ID and password.

LAURENE S GABRIEL
773 ST JOHNS ROAD
DRUMS PA 18222

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

11 0006072

License Type
Speech Language Pathologist

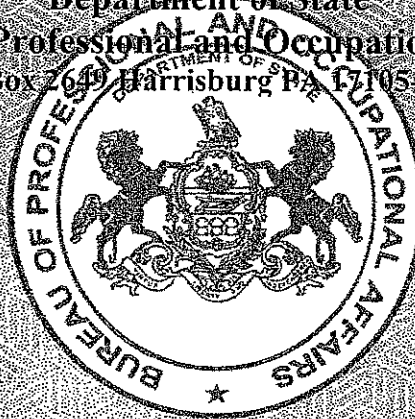
License Status
Active

Initial License Date
03/28/2000

LAURENE S GABRIEL
773 ST JOHNS ROAD
DRUMS PA 18222

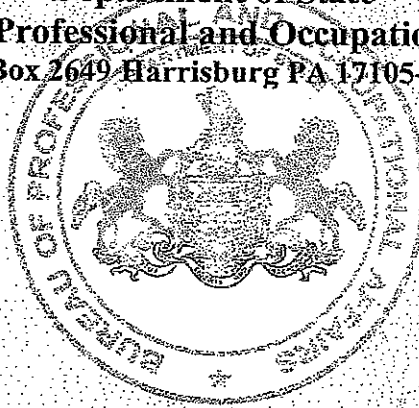
License Number
SL006050L

Expiration Date
07/31/2014



Lauren Stead
Signature

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649



License Type
Speech Language Pathologist

License Status
Active

CARRIE RAFALLI CALABRESE
2615 CHRISTINE ROAD
HAZLE TOWNSHIP PA 18202

License Number
SL007737

Initial License Date
01/12/2004

Expiration Date
07/31/2014

Katie True

Carrie Rafalli Calabrese
Signature

Commissioner of Professional and Occupational Affairs

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

11 0002017



License Type
Speech Language Pathologist

License Status
Active

JENNIFER M. ALBERTI
75 BURMA ROAD
MOUNTAIN TOP PA 18767

License Number
SL005591L

Initial License Date
08/07/1998

Expiration Date
07/31/2014

Katherine True

[Signature]
Signature

Commissioner of Professional and Occupational Affairs

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs
Occupational Therapist

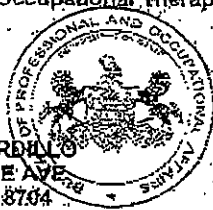
License Number
OC010301

Expiration Date
06/30/2015

Registration Code
38130518

License Status
Active

NICOLE MARY CARDILLO
209 EAST LUZERNE AVE
LARKSVILLE PA 18704



OFFICIAL DOCUMENT

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NICOLE MARY CARDILLO
209 EAST LUZERNE AVE
LARKSVILLE PA 18704

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Commonwealth of Pennsylvania

Department of State

Bureau of Professional and Occupational Affairs

PO Box 2649 Harrisburg PA 17105-2649

12 0117070

License Type

Occupational Therapist

License Status

Active

Initial License Date

11/04/2006

License Number

OC010301

Expiration Date

06/30/2015

NICOLE MARY CARDILLO
209 EAST LUZERNE AVE
LARKSVILLE PA 18704

Commissioner of Professional and Occupational Affairs

Signature

COMMONWEALTH OF PENNSYLVANIA



State Board of Private Academic Schools

This certificate affirms that

MELISSA A LUCAS

has met the requirements established by the State Board of Private Academic Schools and is approved to serve in the endorsement areas hereon in the private licensed academic schools of the Commonwealth of Pennsylvania.

TYPE CODE	YEARS VALID	DATE ISSUED	AREA OF CERTIFICATION	TYPE CODE	YEARS VALID	DATE ISSUED	AREA OF CERTIFICATION
22	99	11/2005	SPEECH CORRECTION	**	**	**	**
**	**	**	**	**	**	**	**
TYPE CODE 00 TEMPORARY APPROVAL							
11 ASSISTANT TEACHER							
22 TEACHER							
33 SPECIALIST							

***--**--5473 13 H3417400

Authorized by the Secretary of Education

MEMORANDUM OF INSURANCE

Date Issued 03/11/2014

Producer

Marsh U.S. Consumer
a service of Seabury & Smith, Inc.
P.O. Box 14576
Des Moines IA 50306-3576
1-800-503-9230

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage

Liberty Insurance Underwriters Inc

Insured

LG Intervention Specialists, Inc
773 Street Johns Road
Drums PA 18222

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH SE Speech Language Pathologist	AHY-588490003	03/01/2014	03/01/2015	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$5,000,000
General Liability	AHY-588490003	03/01/2014	03/01/2015	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$5,000,000

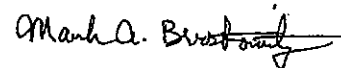
Coverage includes General Liability occurrences at LG Intervention Specialists Inc 773 Saint Johns Road Drums, PA 18222 but only as respects to claims arising out of the sole negligence of the Persons Insured under the provisions of this policy.

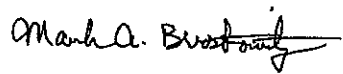
Memorandum Holder:

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

Mark Brostowitz



MEMORANDUM OF INSURANCE				Date Issued 03/11/2014	
Producer Marsh U.S. Consumer a service of Seabury & Smith, Inc. P.O. Box 14576 Des Moines, IA 50306-3576 1-800-503-9230			This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.		
Insured LG Intervention Specialists, Inc 773 Street Johns Road Drums PA 18222			Company Affording Coverage Liberty Insurance Underwriters Inc		
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH SE Speech Language Pathologist	AHY-588490003	03/01/2014	03/01/2015	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$5,000,000
Memorandum Holder is added as an Additional Insured but only as respects to claims arising out of the sole negligence of the named insured subject to the terms and provisions of the policy.					
Memorandum Holder: Luzerne Wyoming MHMR Early Intervention 111 N. Pennsylvania Avenue Wilkes Barre PA 18701			Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
			Authorized Representative Mark Brostowitz		
					

MEMORANDUM OF INSURANCE

Date Issued 03/11/2014

Producer

Marsh U.S. Consumer
a service of Seabury & Smith, Inc.
P.O. Box 14576
Des Moines, IA 50306-3576
1-800-503-9230

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage

Liberty Insurance Underwriters Inc

Insured

LG Intervention Specialists, Inc
773 Street Johns Road
Drums PA 18222

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability SpeechLangH SE Speech Language Pathologist	AHY-588490003	03/01/2014	03/01/2015	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$5,000,000

Memorandum Holder is added as an Additional Insured but only as respects to claims arising out of the sole negligence of the named insured subject to the terms and provisions of the policy.

Memorandum Holder:

Department of Public Welfare

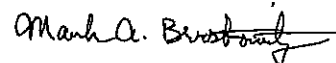
512 Health and Welfare Buildin

Harrisburg PA 17120

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

Mark Brostowitz



**LUZERNE-WYOMING COUNTIES
MENTAL HEALTH and DEVELOPMENTAL SERVICES**

Request for Proposal

**MENTAL HEALTH,
INTELLECTUAL DISABILITY SERVICES**

FISCAL YEAR 2014-2015

**Due Date: By: 4:00 p.m. Friday, April 25, 2014
Luzerne County Purchasing Department
c/o Pam Guarneri
20 North Pennsylvania Avenue, Wilkes-Barre, Pa 18711**

REFERENCE NO: 03172014 - RFP: MH & DS

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I. INTRODUCTION

A. General Information

1. Notice of Invitation - The Luzerne-Wyoming Counties Mental Health and Developmental Services invites qualified agencies and individuals to submit a proposal(s) to provide one or more of the following programs for a term either July 1, 2014 to December 31, 2014 or from July 1, 2014 to December 31, 2015.

Mental Health Services

Administrative Management;
Answering Services;
Base Service Unit;
Blended Case Management;
CCRS/POMS Enterprise Initiative Consultation Services;
Community Employment Services;
Community Residential Rehabilitation Services;
Crisis Services;
Drop-in-Centers for Nanticoke and Tunkhannock;
Emergency Services;
Facility Based Vocational Rehabilitation Services;
Family Based Mental Health Services;
Family/Consumer Directed Self-Help and Advocacy Services;
Fire Setter Program;
Functional Family Therapy Services;
Initial Assessment by Clinician at Intake (Mental Health);
Inpatient Psychiatric Services;
Master Leasing Program;
Mental Health Court Coordinator;
Mental Health Delegate Services;
Mental Health Services to Luzerne County Correctional Facility;
Mental Health Services to Wyoming County Correctional Facility;
Multisystemic Therapy;
Outpatient Mental Health Services;
Partial Hospitalization Services;
Peer Counselor Services;
Peer Specialist Services (Certified);
Personal Care Home Services in Wilkes-Barre and Hazleton;
Primary Care Suicide Prevention Initiative Coordination;
Psychiatric Rehabilitation Services;
Representative Payee Services;
Resource Coordination Services;
Respite Services for Children and Adolescents;
Sexual Offenders Program;

Student Assistance Program;
Supported Housing Services;
Transportation Services;
Warmline;

Intellectual Disability Services

Behavioral Support Services;
Community Residential Rehabilitation Services (CRR) for the Mentally Ill;
Early Intervention Services;
Education Support Services;
Employment Training Program to assist people with Intellectual Disabilities;
Family Aide (In Home Respite Less than 16 hours per day);
Financial Management Service Organization (Agency with Choice);
Guardianship/Power of Attorney;
Health and Wellness Exercise Program;
Incident Management Services;
Independent Monitoring for Quality;
Intellectual Disabilities Community Home;
Intellectual Disabilities Residential Habilitation Services;
Intellectual Disabilities Respite Care 24-hour (In and Out of Home for both Children and Adults);
Intellectual Disabilities Life Sharing/Family Living;
Intellectual Disabilities Residential Home and Community Habilitation Unlicensed (Adult Minimal Supervision/Supported Living);
Intellectual Disabilities Residential Placement (Prader-Willi);
Intellectual Disabilities Respite/Home & Community Habilitation (Unlicensed) and or Nursing Home Health Agencies;
Interpreter Services - Spanish and Deaf and Hard of Hearing;
Licensed Day Habilitation Adult Training Facilities;
LPN and RN services for persons with intellectual disabilities;
Pre-Vocational Services;
Psychological Services;
Supported Employment (Job Finding/Job Support Services);
Transitional Work Services;
Transportation Services.

These services must meet Service Definitions included in this document.

There is no expressed or implied obligation for the Luzerne-Wyoming Counties Mental Health and Developmental Services to reimburse responding agencies for any expenses incurred in preparing proposals in response to this request.

2. Proposal Submission: Prospective agencies should submit detailed proposals on or before 4 p.m. on Friday, April 25, 2014. The envelopes must be marked

"Sealed Proposal - Do Not Open" by order of Robert C. Lawton, Luzerne County Manager. Proposals should be mailed or delivered to:

Luzerne County Purchasing Department
c/o Pam Guarneri REFERENCE NO: 03172014 - RFP: MH & DS
20 North Pennsylvania Avenue
Wilkes-Barre, Pa. 18711

Envelopes must be marked with the attached labels.

Proposal cover letters should designate who can answer questions concerning the submitted proposals. An officer empowered to bind the agency submitting the proposal must sign the proposal.

3. Proposal Format: One original and two (2) copies of each proposal should be submitted in the format outlined in Section III, "Proposal Document Instructions." See IV. B. "Considerations" for additional information on proposal submission.

Bidders Conference: Attendance is optional for a pre-bidders conference set for Monday, March 24, 2014 at 9 a.m. at the Luzerne-Wyoming Counties Mental Health and Developmental Services, 2nd floor conference rooms, 111 North Pennsylvania Avenue, Wilkes-Barre, Pa.

4. Contract Terms: The contracting agency agrees to indemnify and hold harmless the County, its agents, officials, and employees against any and all claims arising out of the performance or nonperformance of this agreement.

By responding to the request for proposal, the agency is agreeing to the terms, conditions, and requirements set forth herein, unless expressly noted in writing in the written submission.

5. Schedule of key dates:

Optional pre-bidders conference: Monday, March 24, 2014 at 9 a.m.:
Proposals due: Friday, April 25, 2014 by 4 p.m.

B. Evaluation and Selection of Proposals

The County will perform the evaluation of proposals in accordance with the criteria set forth in Appendix A. The following criteria will also be considered in the evaluation:

1. Compliance with MH/MR Regulations (4300's)
2. History of provision of same or comparable service

3. The agency has no conflicts of interest with regard to any other work performed for the County
4. The agency adheres to the instructions in this request for proposal on preparing and submitting the proposal
5. The quality of the agency's professional personnel to be assigned to the program and the quality of the agency's management support personnel to be available for consultation
6. Expertise with similar federal and/or state financial awards
7. Must possess a current, valid license for services as applicable
8. Other criteria as deemed prudent

The County reserves the right to retain all proposals submitted and use any idea in a proposal regardless of whether that proposal is selected.

C. Subcontracting

Agencies are not permitted to subcontract or assign any part of the work covered under the scope of the agreement without prior written consent of the Luzerne-Wyoming Counties Mental Health and Developmental Services.

- D. Minority-owned firms and women's business enterprises are encouraged to apply.

II. NATURE OF SERVICES REQUIRED

A. Scope of Work

The agency will provide and assume responsibility for the implementation of the program described in the service definitions.

The agency shall perform all services and work committed in a satisfactory manner as determined by the Luzerne-Wyoming Counties Mental Health and Developmental Services.

B. Standards to be followed:

To meet the requirements of this request for proposal, the following shall be performed:

1. The agency will use the funds in the manner set forth in the Program Budget. Amendments may be made with permission from the Luzerne-Wyoming Counties Mental Health and Developmental Services.
2. The agency agrees to develop program outcome measures and to collect data.

3. The agency agrees to follow the auditing standards set forth by the Department of Public Welfare in response to the Single Audit Act Amendments of 1996, June 1997 and June 2003 revisions of the U.S. Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments, and Non-profit Organizations.
4. The agency agrees to perform all obligations in accordance with all State and Federal rules and regulations including, but not limited to, HIPAA, Equal Employment Opportunity, Affirmative Action Employment Plan, the client's civil and legal rights, and licensing and other quality of service standards.
5. The agency agrees to promote competence in our service areas.

C. Reports to be issued:

The following reports are required to be submitted in a timely manner:

1. The agency's financial audit as guided by the above standards including, if applicable, Pennsylvania DPW Single Audit Supplement subject to the application of Agreed-Upon Procedures.
2. Detailed invoices of actual expenditures for the prior month including an unduplicated count of clients served year to date.
3. Submission of final program outcomes.

All reports are to be delivered to the Luzerne-Wyoming Counties Mental Health and Developmental Services.

D. Record Retention and Access

All records and reports must be retained for a minimum of four (4) years, or until completion of an audit for compliance begun but not completed at the end of the four (4) years specified above, or until all audit findings not resolved at the end of four (4) years are resolved. The agency will be required to make all records available to the following parties or their designees:

1. Luzerne and Wyoming Counties
2. Pennsylvania DPW
3. Inspectors General
4. Parties designated by the federal or state governments or by the agency as part of an audit quality review process
5. Auditors of entities of which the County is a sub-recipient of grant funds

The agency agrees to permit the County or authorized State representative to monitor and evaluate the terms of this agreement and services provided. Programmatic monitoring and evaluation shall include statistical review of required reports, on-site review of client files, and adherence to reporting requirements.

III. PROPOSAL DOCUMENT INSTRUCTIONS

A. General Requirements

Proposal should include the following:

1. Program Outcomes
2. Program Budget
3. Expanded itemization for Salaries and Equipment (Budget Narrative)
4. Projected number of individuals served

B. Body of Proposal

The proposal should also include the agency's qualifications, competence, and capacity to undertake the requirements of this request for proposal. Qualifications should demonstrate the ability of the agency and of the particular staff to be assigned to this program.

The proposal should address all the points outlined in the request for proposal. The proposal should be prepared simply and economically providing a straightforward, concise description of the agency's capabilities to satisfy the requirements of the request for proposal.

IV. CONSIDERATIONS

A. Prerogatives:

Luzerne-Wyoming Counties Mental Health and Developmental Services reserves the right to reject any or all proposals.

B. Contract period:

The term of any agreement that is awarded to a successful responder to this RFP shall, at the sole election of Luzerne County, be for a term either from July 1, 2014 to December 31, 2014 or from July 1, 2014 to December 31, 2015.

Responders to this RFP shall submit two (2) proposals that address both a six month (6) month and an eighteen (18) month scenario.

In addition, if Luzerne County elects to award an agreement for a term of July 1, 2014 to December 31, 2014, the agreement shall provide Luzerne County with the right, in its sole discretion, to thereafter extend the term of the agreement until December 31, 2015 based upon the responder's eighteen (18) month proposal.

APPENDIX A

After determining that a proposal satisfies the mandatory requirements stated in the request for proposal, the comparative assessment of the relative benefits and deficiencies of the proposal in relationship to published evaluation criteria shall be made by using subjective judgment. The award of a contract resulting from this request shall be based on the best proposal received in accordance with the evaluation criteria state below.

After an initial screening process of the RFP, a technical question and answer conference or interview may be conducted, if deemed necessary by the Luzerne-Wyoming Counties Mental Health and Developmental Services, to clarify or verify the agency's proposal and to develop a comprehensive assessment of the service.

Luzerne-Wyoming Counties Mental Health and Developmental Services reserve the right to consider historic information and fact, whether gained from the agency's proposal, question-and-answer conferences, references or any other source, in the evaluation process.

The agency is cautioned that it is the agency's sole responsibility to submit information related to the evaluation categories and that Luzerne-Wyoming Counties Mental Health and Developmental Services is under no obligation to solicit such information if it is not included with the agency's proposal. Failure of the agency to submit such information may cause an adverse impact on the evaluation of the agency's proposal.

PROPOSAL EVALUATION CRITERIA AND RATING:

1. **Soundness of Approach - POINT VALUE 0-35 (7 points maximum each item)**
 - a. Project description
 - b. Description of target population
 - c. Statement of need
 - d. Project outcomes
 - e. Potential for success

2. **Overall Qualifications of the agency - POINT VALUE 0-20 (5 points maximum each item)**
 - a. Experience with this service
 - b. Experience working with proposed population
 - c. Experience coordinating community resources
 - d. Current, valid license on certifications.

3. **Qualifications of individuals performing the service - POINT VALUE 0-15**

4. **Budget - POINT VALUE 0-30**
 - a. Overall analysis of budget

