

RISK IDENTIFICATION

What could go wrong?

Risk Identification Categories of Risk

Project, Contract or Other Event

Financial 

Technology

Governance

Reputation

1A _____	1B _____	1C _____	1D _____
2A _____	2B _____	2C _____	2D _____
3A _____	3B _____	3C _____	3D _____
4A _____	4B _____	4C _____	4D _____

Prioritize
Risk

1E _____	1F _____	1G _____	1H _____
2E _____	2F _____	2G _____	2H _____
3E _____	3F _____	3G _____	3H _____
4E _____	4F _____	4G _____	4H _____

Hazard

Compliance

Client Service –
for Child Service Providers
please note slide 9

Human Capital

Financial Risks (examples)

- Loss of Income
- Rising Costs
- Liquidity
- Economy
- Federal/State budget
- Investment risks
- Borrowing rates
- Inadequate budgeting or planning
- Unreliable accounting records
- Fraud

Technology Risks

- Obsolete equipment (leading to inefficiency or incompatibility)
- Access to current technology
- Lack of understanding of technology

Governance Risks

- Improperly prepared or engaged board of directors
- Inefficient governance practices
- Straying from the mission
- Lack of innovation
- Poor strategy

Reputational Risks

- Damage to public image
 - Can be of various types (e.g. image of poor quality service, slow delivery, unethical environment, etc.)
- Poor relationships with donors
- Unsatisfied clients/program participants

Hazard Risks

- Fire, flood and other losses or impairments of physical assets
- Insurable

Compliance Risks

- Noncompliance with laws and regulations
 - Grant-related
 - Non grant-related
- Violating terms of contracts
- Compliance with donor restrictions
- Civil wrongs (torts)

Client Service Risks – part A

- Harm caused to clients in connection with services we provide
- Theft of client property
- Transportation accidents
- Overall satisfaction of clients, program participants
- Changing client needs, desires
- Quality of service
- Breaches of confidentiality

Client Service Risks – part B

Child Service Providers

- Risk assessment of new service providers is a standard and ongoing process for CBC of Brevard. Thus, the majority of the risk assessment process has previously been completed and the levels of risk factors assigned.
- The risk identification process for Child Service Providers is completed during the procurement process using:
 - The Request for Administrative Qualifications of Service Providers, and
 - The Service Provider Risk Assessment Form (part of CBC Procedure: CG-360)

Human Capital Risks

- Loss or lack of availability of personnel (employees, volunteers, contractors)
- Loss or lack of availability of specific expertise (e.g. technical skills)
- Leadership; succession
- Diminished morale
- Diminished skills of existing personnel

RISK ASSESSMENT & PRIORITIZATION

How likely is it to happen?
What if it did happen?

Risk Prioritization – Probability Chart

Probability – How likely is this risk to occur?

H	High	Exhibits high risk cue(s): Has happened frequently; Has a very significant chance of happening in the future; and/or, For a single event has already happened.
M	Medium	Has happened occasionally or has a reasonable but not completely expected chance of happening in the future.
L	Low	Has happened very infrequently or is expected not to happen except infrequently.
NA	Not Applicable	This risk is irrelevant to this project or operation.
NI	Need Information	Impossible to determine probability with the current available information. Information must come from an outside source. Consider High Probability until otherwise identified.

Risk Prioritization – Impact Chart

Impact – What will happen if the risk becomes an issue?

H	High	The issue will have a major impact on the system and is likely to cause significant disruption in service or a very visible event.
M	Medium	The issue will have some impact on systems and be visible to a number of users. A possible disruption in service for some non-critical users is expected.
L	Low	No service disruption or negative effects are expected. Any negative impact can be corrected without significant effort or visibility.
NA	Not Applicable	This risk is irrelevant to this project or operation.
NI	Need Information	Impossible to determine probability with the current available information. Information must come from an outside source. Consider High Impact until otherwise identified.

Risk Assessment Grid

Project, Contract or Other Event

Probability

Section 1:
High Probability/
Low Impact

Section 2:
High Probability/
High Impact

Medium Probability/
Low Impact

Medium Probability/
High Impact

High Probability/
Medium Impact

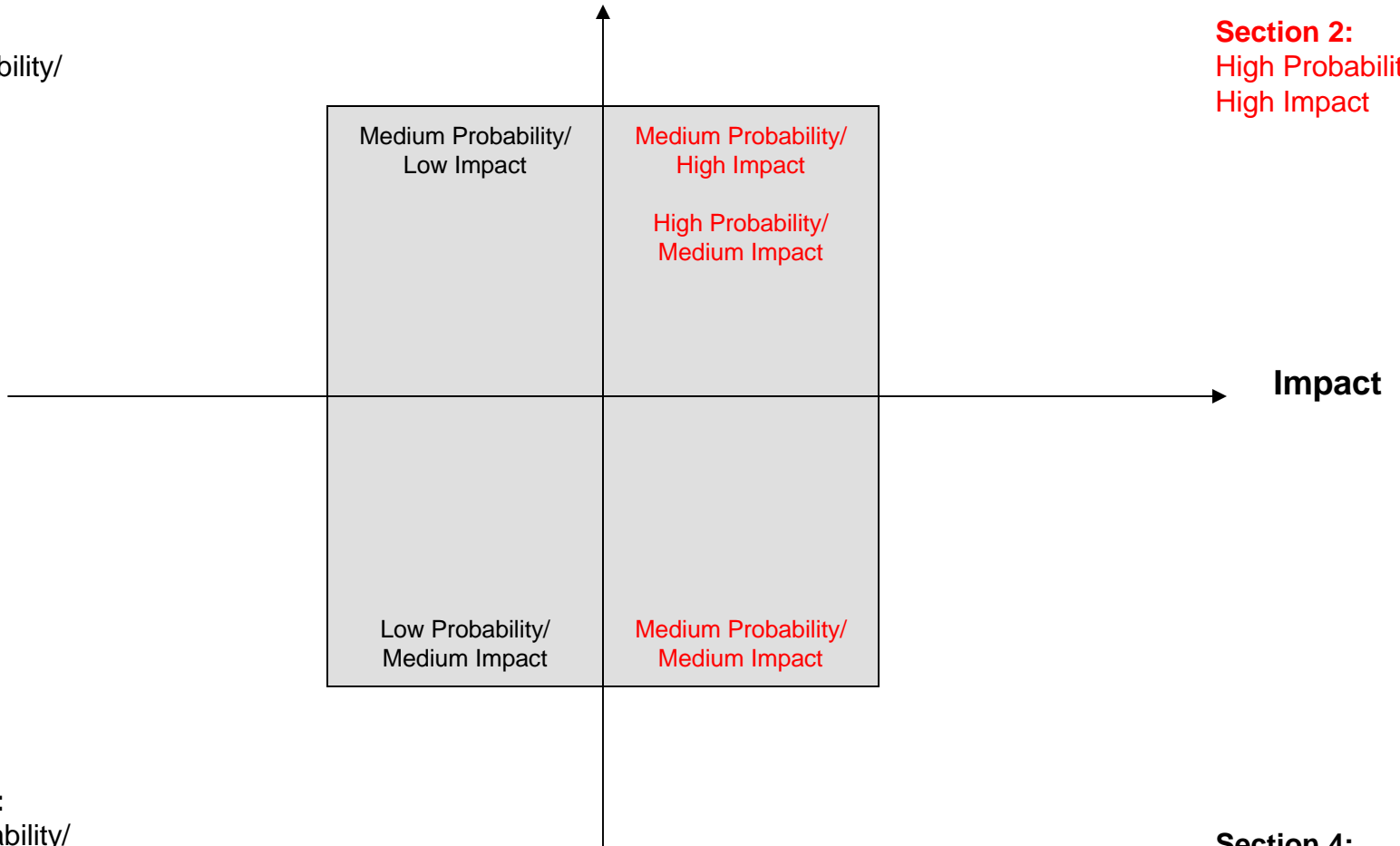
Impact

Low Probability/
Medium Impact

Medium Probability/
Medium Impact

Section 3:
Low Probability/
Low Impact

Section 4:
Low Probability/
High Impact



RISK RESPONSE

What do we want to do about it?

Risk Response Chart

Response – Decide how to respond to each risk?

A	Avoidance	List How (Involves changing the project plan to remove the treat. This can be done by changing or reducing the scope of the project.)
E	Elimination	List How (Could involve adopting a less complicated process, conducting additional tests on the product, building redundancy into a system, and/or designing a quality control or reconciliation process.)
R	Reduction	List How (Insurance, etc.)
ST	Sharing or Transferring Risk	List How (Partnership, Use of Outside Contractor, etc.)
AC	Acceptance	No action to be taken.

**Community Based Care of Brevard, Inc.
Service Provider Risk Assessment Form**

Name of organization:		Federal ID#:
Lead Staff Person in Brevard County:		Title:
Phone:	Fax:	Email:
Provider Network Contact Name:		Title:
Phone:	Fax:	Email:
Contract number: #	Contract amount: \$	Start and end dates: / / to / /

Low Risk

[] Has submitted timely, accurate and complete Reports and is meeting Performance Standards

[] Has submitted timely, accurate and complete Requests for Reimbursement

[] Has had no change in senior management

[] Has presented positive results from a consumer satisfaction survey

[] Has had no complaints filed with CBCB

[] Has successfully completed one or more annual comprehensive reviews with no findings or concerns

[] Is monitored by another (local, state or federal) funding agency and has provided CBCB with a monitoring report which demonstrates that the program is in compliance

[] Has submitted a financial audit conducted by an independent auditor in accordance with Florida Statutes which demonstrates that the program is in compliance

Moderate Risk - If one or more of the following situations exists:

[] Is not consistently submitting Reports or Requests for Reimbursement as scheduled

[] Is not consistently meeting Performance Standards

[] Has made a change in senior management

[] Has presented fair results from a consumer satisfaction survey

[] Has had a minor complaint filed with CBCB

[] Is implementing corrective actions identified during a previous monitoring

[] Has implemented a new program as part of the current contract

[] Other relevant concerns: _____

High Risk - If one or more of the following situations exists:

[] Unsatisfactory reporting or performance history

[] Financial instability, negative audits, or poor fiscal reports

[] High turnover in senior management

[] Has not submitted consumer satisfaction survey results or has poor survey results

[] Has had a serious complaint filed with CBCB

[] Has not implemented corrective actions identified during a previous monitoring

[] Is a new CBCB service provider

[] Other relevant concerns: _____

Check risk level⇒	LOW	MEDIUM	HIGH
Signature:			Date:
Printed name of person completing risk assessment:	Title:		
Signature:			Date:
Printed name of person approving risk assessment:	Title:		



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REQUEST FOR ADMINISTRATIVE QUALIFICATIONS FOR SERVICE PROVIDERS

PURPOSE

This request is intended to identify and pre-qualify providers that can offer a continuum of services for children and families in Brevard County. All providers that intend to pursue a contractual relationship for programs or services with CBCB and wish to join the Provider Network will be required to complete the Request for Administrative Qualifications.

BACKGROUND

Community Based Care of Brevard, Inc. (CBCB) is the private, non-profit organization selected by the Florida Department of Children and Families as the lead agency responsible for the privatization of child welfare and related services in Brevard County as outlined in F.S. Section 490.1671.

MISSION AND VISION

CBCB's mission is to develop and manage a comprehensive, community-based, coordinated system of care for abused, neglected, and abandoned children and their families. This mission is driven by the vision that all children can grow up safe, healthy and fulfilled in families that love and nurture them and the belief that securing and mobilizing adequate resources is the responsibility of the entire Brevard community.

In order to insure the safety, security, and well being of every child in Brevard County, a continuum of child welfare services must be provided for children and families to address the prevention, intervention and treatment of child abuse and neglect. It is essential that each child develops personal, long-term relationships in order to promote safety and build trust.

Every child needs a permanent home with either their biological families or through adoption and child welfare services must continue afterwards, in either case, to insure stability and continuity of care. CBCB is committed to the development of a child welfare system in which community resources are shared within Brevard County, between counties, and through partnerships established to achieve CBCB's mission.

GENERAL INFORMATION

CBCB Contact Person: The designated contact person for the RFQ is:
CBCB Contract Manager
760 North Drive, Suite E
Melbourne, FL 32934

Notice of Intent to Submit Qualifications: Service providers are requested to submit a letter of intent at any time in order to join the Provider Network. Providers must have their qualifications on file and current with CBCB or submit their response to the Administrative RFQ with a service solicitation according to the published schedule within the programmatic request document.

Notice of Qualification: CBCB staff will review the documents and materials submitted and notify the service provider within 30 days if their qualifications have been preliminarily accepted and that the agency may respond to future solicitations without re-submitting the administrative data. Any information missing from the RFQ will be considered a fatal error if the RFQ is being submitted as part of an RFP or ITN for programs or services. Meeting the criteria in this request does not obligate CBCB to extend a contract for services to any service provider.

Response format for RFQ: In order to be considered for selection, respondents must submit a complete response to this RFQ. All responses should be prepared simply and economically, providing a straightforward, concise description of the agency and the services provided. Emphasis should be placed on completeness and clarity of content.

The RFQ must have a cover letter on agency letterhead signed by the President or Chairman of the Board of Directors. If someone signs other than this individual, please include written verification indicating signature authority. The letter should be one (1) page and include the respondent's correct mailing address and the name of the primary point of contact to answer questions about the RFQ.

Please use the RFQ Cover Sheet as page two (2) of your application. The agency is asked to name a Provider Network contact that will represent the agency at all Provider Network functions. This individual should have authority to speak for the agency and have the flexibility in their schedule to participate on a regular basis.

Responses should be printed one-sided, single spaced, using an 11-point or larger font. Respondents are responsible for all costs of proposal preparation. CBCB is not liable for any costs incurred in response to the RFQ.

Narrative Response: The narrative response should include a one (1) page Executive Summary and the following information which can be a maximum of ten (10) pages:

- **MISSION** - What is the agency's mission? Include a statement of purpose, goals and philosophy.
- **HISTORY** - What is the history of the organization? Explain when, how and why the organization was started and any significant events in history. Please include parent organization relationships if appropriate.
- **LEADERSHIP** - How is the agency organized? Briefly describe the make-up of the volunteer and paid leadership of the organization.
- **COLLABORATION** – Which agencies and organizations do you work with? Describe partnerships and support of other community services.
- **SERVICES** - What programs or services do you offer? Outline your current activities,
- **CONSUMERS** - Who does the agency serve? Outline the size and characteristics of the consumers you serve, and statistical information about the numbers of people needing your type of service.
- **FUNDING** – How is your agency funded? List the types of funding received and the percentage provided by each. Describe your fund development activities including the timeframe for any ongoing or annual special events.
- **ACCOMPLISHMENTS** – What impact have you had on the individuals you serve? Include performance measures, results of internal or external evaluations, and results of consumer satisfaction surveys.

RFQ COVER SHEET

Please use this document as your checklist and attach all of the items listed below in the order listed. All items are mandatory unless noted.

Legal name of organization:		Federal ID#:
Mailing address:		
City:	Zip:	Web address:
Lead Staff Person in Brevard County:		Title:
Phone:	Fax:	Email:
Provider Network Contact Name:		Title:
Phone:	Fax:	Email:

Narrative

- _____ Cover letter – 1 page Page 1
- _____ RFQ Cover Sheet – 1 page Page 2
- _____ Executive Summary – 1 page Page 3
- _____ Narrative Response – maximum 10 pages Pages 4-13

Certifications

- _____ Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
- _____ Certification Regarding Lobbying Form
- _____ Copy of most recent 211 Brevard update
- _____ Conflict of Interest

Incorporation

- _____ IRS 501(c)3 letter
- _____ Organization chart with name and tenure of senior management staff
- _____ Board of Directors list and terms of office
- _____ Articles of Incorporation
- _____ Bylaws
- _____ *Written verification of signature authority

Licensing and Accreditation

- _____ **Evidence of licensing including licensing agency, type and number, state in which license is held, expiration date, programs licensed under each license number
- _____ **Evidence of accreditation including accrediting body, status, expiration date, and most recent site visit survey report

Insurance

Evidence of Insurance including:	Coverage Limits	Expiration Date
_____ General Liability	_____	_____
_____ Property Casualty	_____	_____
_____ Directors and Officers	_____	_____
_____ Professional Liability	_____	_____
_____ Umbrella	_____	_____
_____ Worker's Compensation	_____	_____

Finance

- _____ Current budget
- _____ Most recent annual financial statement
- _____ **Most recent financial audit and any management letters

* Required only if cover letter is signed by someone other than the President or Chairman of the Board
 ** Required only if the agency's annual budget exceeds \$75,000

CONFLICT OF INTEREST CERTIFICATION FORM

All Applicants must disclose the name of any officer, director, or agent who is also an employee of Community Based Care of Brevard or member of the board of directors. Further, all Applicants must disclose the name of any CBCB employee or member of the reviewing board of directors who owns, directly or indirectly, any interest in the Applicant's firm or any of its branches.

I certify that I understand the above and that no conflict of interest exists between my agency and CBCB.

_____ I am in compliance with the policy.

_____ I am reporting the following potential conflicts.

I understand that I am expected to report promptly any changes in my affairs that might affect compliance with this policy.

Name (print)	Signature	Date
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Disclosures required above are as follows:
