



**children's  
institute**

**Electronic Health Record (EHR)  
Request for Proposal (RFP)**

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## Introduction

Children's Institute, Inc. (CII) is embarking on a software selection initiative to modernize systems to facilitate the mission of the organization, achieve operational efficiencies, and allow CII to build a more sustainable business model and better serve their clients in support of the vision of an integrated service model.

There are two main systems currently used today for Electronic Health and Enhanced Care Management Record functionally. The EHR serves as the primary source for clinical documentation, workflow management, and reporting across various programs. However, it faces significant limitations, including inflexible workflows, inadequate electronic signature capabilities, poor integration with other tools, and a heavy reliance on manual processes and external reporting platforms like Tableau. Salesforce NPC is used specifically for Enhanced Care Management (ECM) and community supports, handling outreach, member enrollment, care plans, and assessments. Despite this, NPC lacks integration with billing systems, requires extensive manual reporting, and cannot easily adapt to frequent regulatory changes, resulting in administrative inefficiencies and data silos.

A replacement is seen as needed in order to achieve seamless integration, automation, and compliance, reduce manual work, and support advanced reporting and analytics essential for high-quality, efficient care delivery.

## Authority

This document was developed by Hartman Executive Advisors (Hartman). It has been prepared for use by internal organization audiences as well as industry suppliers. It should not be provided to external bodies without the express written or verbal consent of Hartman or Children's Institute, as such an NDA may be requested.

## Purpose and Scope

This RFP is issued solely for information and planning purposes. Further, this document does not commit CII to contract for any service, supply, or subscription. CII will not reimburse any information or administrative costs incurred as a result of participation in response to the RFP. All costs associated with response will solely reside at the responding party's expense.

## Confidentiality

All information included in this RFP is considered confidential and intended only for use by responders. No information included in this document or in discussions related to CII's enterprise software effort may be disclosed to another party or used for any other purpose without the express written or verbal consent of CII.

## Overview

### About Children's Institute, Inc. (CII)

Children's Institute, Inc. (CII) is a nonprofit organization based in Los Angeles, California, committed to supporting children and families impacted by trauma and adversity with a focus on low-income local communities. Through programs in behavioral health, early childhood education, family strengthening, and community engagement, CII empowers thousands of children each year to thrive and reach their full potential.

Due to their mission and need for services in LA, CII has grown over the years and now employs more than 900 staff members with revenue levels reaching over 100 million dollars. Services are provided at three hub sites (Echo Park, Watts and Long Beach) and at some 20 early education centers located in South LA; as well as at 20 community school sites in Central LA, South LA and Inglewood. The following outlines detail regarding staff size and locations:

**Details regarding the programs and services offered by CII are listed below:**

▶ **Behavioral Health & Wellness**

Provides trauma-informed counseling and mental health services for children, youth, and parents using evidence-based practices like Parent-Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, Child Parent Psychotherapy, Full Service Partnerships, Intensive Field-Capable Clinical Services, Wraparound, Medication Assisted Treatment, Day Treatment Intensive and California Work Opportunity and Responsibility for Kids. This all supports emotional well-being and family stability.

▶ **Early Childhood Education**

Offers high-quality early learning programs, including Head Start and Early Head Start, to foster emotional, cognitive, and social development, preparing children for lifelong success while empowering parents to engage in their child's education.

▶ **Strengthening Families**

Supports families involved in child welfare and juvenile justice systems by promoting protective factors, improving parenting skills, and helping caregivers create safe, stable environments for children.

▶ **Community Innovations**

Works with parents, schools, and community partners to raise awareness about trauma, provide training and resources, and build resilience in communities affected by adversity.

▶ **Community Schools**

Partners with schools to deliver campus-wide trauma-informed services, including after-school programs, enrichment activities, parent workshops, and family resource centers.

▶ **Project Fatherhood**

Provides parenting education and support groups for fathers and male caregivers, helping them become loving, responsible parents actively involved in their children's lives.

▶ **Community Health**

Promotes lifelong health through holistic support networks, care coordination, and access to resources that strengthen family well-being and resilience

## Project Scope

### Current Challenges and Business Need

The organization's current EHR environment presents significant challenges that impede operational efficiency, compliance, and quality of care. Key issues include inadequate support for electronic

signatures and informed consent workflows, lack of AI capabilities to support clinical and administrative workflows, limited native reporting and analytics capabilities, and a heavy reliance on manual processes for referrals, intake, and outcome tracking. The lack of seamless integration between the EHR and other critical systems—such as billing, scheduling, and outcome measurement tools—results in fragmented workflows, increased administrative burden, and a higher risk of errors.

Additionally, current systems do not provide robust mobile access, flexible team management, or effective tools for reminders and task assignment. Data quality concerns, such as duplicate records and manual data entry, further complicate compliance and reporting.

These challenges underscore the business need for a modern, integrated EHR solution which supports ECM which streamlines workflows, automates compliance and quality assurance processes, supports advanced reporting and analytics and ensures regulatory alignment (particularly with LA County and California requirements), as well as enhances the user experience for both clinical and administrative staff.

## Core System Requirements

This section outlines the essential system functionalities required to effectively support CII's operations:

### Electronic Signature and Consent Management

- Fully integrated electronic signature workflows that comply with California and LA County regulations.
- Support for multiple consent types (electronic, wet, verbal) with clear audit trails.

### Advanced Reporting and Analytics

- Native, customizable reporting tools for compliance, quality assurance, productivity, and outcomes.
- Seamless integration with external reporting platforms (e.g., Tableau) and data warehouses.

### Workflow Automation and Efficiency

- Automated referral, intake, and waitlist management.
- Centralized scheduling with integrated staff calendars and appointment management.
- Internal messaging and ticketing systems to streamline communication and reduce email volume.
- Ability to manage and route documents/forms in an effective way to support approvals or document incidents.

### Outcome Measurement and Quality Assurance

- Automated distribution, completion, scoring, and supervisor review of outcome measures (e.g., CANS, PSC 35, etc.).
- Longitudinal tracking and benchmarking of client progress to support progress both on individual clients as well as from an overall perspective.
- Automated chart review, compliance checks and tasking.

### Mobile Access and User Experience

- Secure, user-friendly mobile access for clinicians, supporting real-time documentation and collaborative notetaking.

- Client based access which allows blocking of sensitive topics such as gender affirming care, substance abuse and reproductive care.
- A simple to use UX platform with the ability to easily adapt and manage without the need for custom development efforts.

#### **Flexible Team and Role Management**

- Role-based task assignment and notifications for multidisciplinary teams.
- Flexible team and treatment group assignments within client charts.

#### **Integrated Billing and Claims Management**

- Direct integration with billing and claims systems, supporting payor requirements from Department of Mental Health/Medi-Cal, Healthnet, Anthem, Molina, LA Care, Blue Shield, LA County Department of Youth Development.
- Automated and easy to use reconciliation and real-time visibility into claim status, denials and workflow to fix claim detail for resubmission.

#### **Data Quality and Integrity**

- Automated duplicate record checks and data validation.
- Structured data collection to support aggregate reporting and data governance.

#### **System Integration and Interoperability**

- Two-way integration with external systems (e.g., billing, outcome measures, scheduling, third-party tools).
- API support for seamless data exchange.

#### **AI and Automation Capabilities**

- AI-assisted documentation (e.g., note generation, language support).
- Automation of repetitive tasks to improve efficiency and reduce after-hours work.
- Production of client education and/or other supportive materials based on unique needs.

#### **Technical**

- Primarily cloud based with no need for on premise server or other infrastructure requirements.
- Supports multiple browsers and operating systems for both mobile and direct access.
- Ability to export reports and/or client records in a human readable format such as CCD, PDF, CSV, etc.

#### **Data Security**

- Meets HIPAA, PCI and other federal, state and local standards.
- Allows for role-based permissions structure, maintenance and auditing.

#### **Anticipated Outcomes**

By implementing a new EHR, CII hopes to have fewer manual processes, more accurate data, and processes that are easy for stakeholders to execute consistently. Above all, CII hopes with a new system, they will be able to provide improved care and services to the children and families they serve in LA.

Some of the specific benefits CII aims to achieve in this initiative include:

- ▶ Streamlined processes and reduced manual entry, resulting in the reduction of errors and more efficient operations to empower clinician productivity

- ▶ Integration of billing and payroll to eliminate redundancy and improve accuracy
- ▶ Improved data integrity and error-checking mechanisms to ensure accurate and reliable data, reducing compliance related risks
- ▶ Automated alerts and hard stops to manage adherence to regulatory requirements and prevent unauthorized actions.
- ▶ An intuitive and user-friendly system to achieve employee and participant adoption and improve overall satisfaction.
- ▶ A mobile friendly and cloud-based platform to support a mobile workforce and remote operations.
- ▶ Improved reporting to provide strong and reliable data for decision making and compliance reporting.
- ▶ A reliable system with strong vendor support to ensure seamless operations and the quick resolution of any system issues.
- ▶ A system that supports data security and privacy appropriately including associated regulations.

## Requested Information

### Purpose for the RFP

With this RFP, CII is requesting information regarding your company and products/services related to the EHR selection project. This information will be gathered from different organizations and used to evaluate options for CII. The proposal provided will give CII a baseline of the cost metrics associated with the submitted solution(s) with the understanding that it may need to be refined based on subsequent clarification with CII.

### RFP Procedure

To respond to this RFP, please:

1. Complete the attached form and questions in Appendix 1.
2. Supply a proposal document that includes projected cost. We understand that this number may be modified after learning more about our organization and specific needs.

The answers provided in your response will be evaluated by staff from various functional areas of CII. The following guidelines should provide clarification around responding to the RFP. However, should additional assistance be required, a contact person has been listed below for guidance.

### Response Delivery:

Details about how and when: Please submit all responses via electronic delivery by **February 14<sup>th</sup>, 2026**, or sooner to **Meg Kennell at [mkennell@hartmanadvisors.com](mailto:mkennell@hartmanadvisors.com)**. If questions arise throughout the creation of the RFP response, please contact Meg Kennell at the e-mail address above or by phone at **(301) 200-3104**. All RFPs will be evaluated as received and included in the following process. **Note that we are holding the dates listed below for vendor demos and they will be scheduled on a first come first served basis. Please let us know your top 3 preferred dates.**

Event	Responsible Party	Target Date
Distribute RFP	HEA/CII	January 23 <sup>rd</sup> , 2026
<b>Submit Intent to Bid</b>	<b>Vendor</b>	<b>January 26<sup>th</sup>, 2026</b>
<b>Submit Questions (before EOD)</b>	<b>Vendor</b>	<b>January 30<sup>th</sup>, 2026</b>
Distribute Answers to Questions	HEA	February 7 <sup>th</sup> , 2026
<b>Submit RFP Responses</b>	<b>Vendor</b>	<b>February 14<sup>th</sup>, 2026</b>
<b>Identify Vendor Finalists</b>	<b>CII</b>	<b>March 14<sup>th</sup>, 2026</b>
<b>Conduct Presentations – 3-4 hours</b>	<b>Vendors</b>	<b>March 23-27, 2026</b>
Presentation Option 1	Vendor	TBD
Presentation Option 2	Vendor	TBD
Presentation Option 3	Vendor	TBD
Presentation Option 4	Vendor	TBD
Presentation Option 5	Vendor	TBD
Presentation Option 6	Vendor	TBD
Presentation Option 7	Vendor	TBD
Reference Checks	HEA	March 30 <sup>th</sup> -April 4 <sup>th</sup> , 2026
<b>Select Finalist</b>	<b>CII</b>	<b>April 11, 2026</b>
Contract Coordination	Vendor and CII	April 11-30, 2026

**Thank You**

Children’s Institute looks forward to reviewing your response and would like to thank you in advance for your participation. The EHR selection project is very important to the organization’s continued success and represents a major focus area that has opportunity to transform the work we do in serving our community. We appreciate and value your input, expertise, and feedback.

**Appendix 1: Vendor Response Form and Questions**

**1.1 RFP Response Form**

<b>Company Profile</b>		
1.1	Company Name	
1.2	Company Address	
1.3	Contact Information (Party Responsible for responding to RFP)	Name: Address:  Phone: Fax: E-mail:
1.4	Company Webpage	
1.5	Main Products / Services	

1.6	Main Market / Customers	
1.7	Number of years in the Market	
1.8	Company location(s)	
1.9	Number of Employees	
1.10	Notable Acquisitions	
1.11	Key Business Partnerships	
<b>Financial Information</b>		
2.1	Previous year gross revenue	
2.2	Previous year net income	
2.3	Return on investment	
<b>Reference Information</b>		
3.1	Reference 1	Company: Name: Phone: E-mail:
3.2	Reference 2	Company: Name: Phone: E-mail:
3.3	Reference 3	Company: Name: Phone: E-mail:

**1.2 Vendor Questions**

**1. General**

- a. What is your company’s vision of business and technology?
- b. Why do you believe that you are a good fit with our organization?
- c. What software and other products do you offer?
  - i. Software licensed through software manufacturers
  - ii. Solutions created by your company
  - iii. Services provided by your company
- d. Is your application modular? Can modules be purchased separately?

- e. Please indicate what processes your system supports and how long you've been supporting each.
- f. Please indicate which modules you will offer as part of your proposal.
- g. What is the number of installed customers?
- h. What are your support hours/overall structure?
- i. What hosting/SaaS options are available with your solution?
- j. What devices are supported for use with the system? (i.e., tablets, laptops, touch screen monitors, mobile phones, etc.)
- k. What are the minimum system requirements to run the system optimally? (i.e. laptop specifications, internet bandwidth)

## **2. Training/Implementation**

- a. Can you describe typical needs assessment and implementation processes?
- b. Do you use in-house or contracted resources for implementation services and training?
- c. Please describe your implementation team structure.
- d. How do you perform testing and validation of the solution's functionality?
- e. How do you resolve problems and issues that occur during implementation?
- f. Please describe your post-implementation support process.
- g. Where is/are your support center(s) located?
- h. How involved is your team in creating project plans?
- i. What training resources are available?
  - i. Do you provide or use a 3<sup>rd</sup> party?
  - ii. Is training conducted onsite or remotely?
- j. Can you identify other sources of product information, usage, etc. (i.e., user's forums, knowledge base, etc.)?
- k. Do you provide a training database or sandbox for clients?

### 3. Security & Compliance

- a. Describe how your system ensures data security and privacy, including features like encryption and Data Loss Prevention (DLP) for sensitive information.
- b. Explain how your system ensures compliance with LA County and California regulations for electronic signatures, including options for verbal consent documentation and required wet signatures.
- c. Describe how your system supports LA County-specific reporting requirements, including direct data submission to county systems.
- d. How many clients do you serve who operate in LA County?
- e. Explain how your solution supports rapid configuration of assessments and care plans when state-level requirements change.
- f. Describe how your system enforces role-based access controls and maintains audit trails for all compliance-related actions.
- g. Explain how your system integrates with HIPAA-compliant video platforms (e.g., Zoom or Teams) and ties session data directly to billing for fraud prevention.
- h. Describe how your system accommodates frequent regulatory changes (e.g., DHCS updates, MCP requirements) without requiring extensive manual intervention.
- i. Describe how your system automates compliance reporting (e.g., MIF, RTF, OTF) and adapts to changing file structures.
- j. Describe how your system supports mandated measures such as CANS, PSC-35, and EBP-specific tools (e.g., UCLAPTSORI, RCADS, GAD-7, PHQ-9), including aggregate and clinically focused reporting capabilities.
- k. Describe how your system provides native reporting capabilities for compliance, quality assurance, and outcome tracking (e.g., CANS, LOCUS, level of care).
- l. Describe how your system automates QA checks by flagging missing or overdue compliance items and provides dashboards for real-time monitoring instead of manual chart-by-chart review.

#### **4. Scheduling & Calendar Management**

- a. Describe how your system supports centralized scheduling across multiple practitioners, allowing non-clinical staff to view and book appointments in real time directly within the EHR.
- b. Explain how your platform supports role-based scheduling and task assignment for multi-disciplinary teams.
- c. Explain how your system handles double-booking logic to mitigate high no-show rates.
- d. Detail how your scheduling functionality integrates with intake workflows, including the ability to pre-load practitioner calendars and manage office-hour style availability.

#### **5. Documentation & Note Management**

- a. Describe how your system supports documentation across devices, including laptops and mobile platforms, and facilitates collaborative documentation during client sessions.
- b. Explain any AI-assisted documentation capabilities, such as real-time note generation or structured documentation tools, and how these integrate with your EHR.
- c. Describe how your system enforces and monitors documentation deadlines (e.g., 24-hour note submission and supervisor approval) through alerts or dashboards.
- d. Describe how your system supports multilingual needs, for documentation and communication.
- e. Describe the availability of a mobile-friendly app for clinicians to document and access EHR features on the go.
- f. Describe how your system supports obtaining client signatures electronically in a simple, user-friendly way (e.g., touchscreen or mouse pad) without requiring complex steps such as email verification codes.

#### **6. Workflow Automation & Case Management**

- a. Explain how your system supports workflow automation, including:

- Configurable checklists that adapt based on program, age, or legal status.
  - Automation of repetitive tasks (e.g., naming conventions for enrollments).
  - Eligibility checks and authorization workflows.
- b. Explain how your system reduces email dependency for intake and incident reporting workflows, such as through integrated messaging or ticketing functionality.
- c. Explain how your system supports task management for multi-step processes, including coordination with external partners like billers.
- d. Describe the user interface and workflow simplicity, particularly for claim submission, reconciliation, and reporting.
- e. Provide details on how your system supports tiered reimbursement models and per-member-per-month rate structures.
- f. Provide details on how your system supports adaptable event tracking, including logging large unregistered events and smaller group activities with customizable fields.
- g. Explain how your system captures and manages case management essentials, such as accounts, demographic details, intake assessments, care plans, and supervisor-approved notes.

## **7. Reporting & Analytics**

- a. Describe how your system provides native dashboards for operational and compliance reporting.
- b. Explain how your system integrates with or replaces external reporting tools such as Tableau, including support for automated quality checks (e.g., verifying signatures and required documents).
- c. Describe how your system supports a three-tier reporting structure:
  - Management reporting (productivity, impact, referrals, hours billed)
  - Billing reporting (client-level financial data)
  - Funder reporting (custom templates for contract compliance)
- d. Outline how your system provides operational and program-level analytics, such as referral volumes, conversion rates, and outcomes for strategic planning.

- e. Describe how your system tracks client progress over time and visualizes benchmarks without relying on external tools.
- f. Describe any embedded dashboards for tracking weekly progress (e.g., MAP dashboard) within the EHR.
- g. Describe how your system links participants to groups and benefits for accurate tracking and reporting.

## **8. Integration & Interoperability**

- a. Explain how your system supports API functionality for seamless data exchange with state systems (e.g., IBIS, LANES HIE) and third-party tools for outcome measures and training.
- b. Describe how your system enables referrals from other agency systems to flow directly into the EHR without manual re-entry.
- c. Detail your approach to integrating with existing platforms (e.g., Salesforce) and whether you offer commercial off-the-shelf solutions versus custom development.
- d. Does the system support telehealth functions and offer technology platforms internal to the system or through integrations with other vendors (Zoom, Teams, etc.)

## **9. Referral & Intake Management**

- a. Describe how your system supports electronic referral intake, including the following:
  - o Online referral forms to replace emailed PDFs
  - o Integration of multiple referral sources (e.g., county-generated forms)
  - o External partner submission (Schools, Hospitals)
  - o Eliminating duplicate data entry by pushing referral data directly into client records
- b. Explain how your solution manages waitlists within the EHR, eliminating manual Excel spreadsheets.
- c. Describe how your system enables referral management, including the ability to create referrals directly from interaction summaries and link them to client records.

- d. Describe how your platform supports closed-loop referral tracking for partnerships with healthcare providers.

## **10. Billing & Financial Management**

- a. Describe how your system supports billing integration for case management, including multi-payer fee schedules and reporting needs.
- b. Explain how your system tracks productivity (billable hours vs. actual hours worked), integrates data from billing, time-off, and training systems, and displays goals and variances in an actionable format.
- c. Describe how your system compares billed time with session duration and supports location verification for in-person sessions using agency devices.
- d. Explain how your system reconciles claims with payments received from MCPs, and provides visibility into denial rates and payment status.
- e. Explain how your system integrates service documentation with billing and claims processing, including internal billing capabilities or third-party integration.

## **11. User Experience & Flexibility**

- a. Detail how your system enables quick adaptation to new contracts or reporting requirements without heavy vendor reliance.
- b. Explain how internal staff can configure and update the system without requiring external vendor intervention.
- c. Explain how your system supports flexible UI for event logging, including customizable fields for event type, date, attendance, and contract-specific requirements.
- d. Describe how your system handles override options, such as controlled backdating of enrollments for accurate participation tracking.
- e. Provide details on bulk upload capabilities for accounts and other data to reduce manual input.
- f. Describe how your system streamlines data entry workflows, including combining account creation, program enrollment, and case setup into a single process.

- g. Explain how program managers can adjust fields, checkboxes, and event types without vendor intervention or coding changes.
- h. Describe how your system allows dynamic field management, including conditional required fields based on program or user role.
- i. Outline how your platform allows flexible role definitions, team structures, and assignment of tasks per roll

## **12. Support and Technology**

- a. Is your support team purely domestic or is there any international team members involved?
- b. Do you offer Service Level Agreements relative to uptime and support response times contractually?
- c. Do you conduct HIPAA Security Risk Assessments and SOC2 Audits regularly?
- d. What technical framework is your system(s) built upon?
- e. What are your most common system integrations types and vendors using APIs?

## **13. Document Request**

- a. Please provide a financial proposal as noted prior in the RFP.
- b. Please provide a sample Master Services Agreement (MSA) as noted prior in the RFP.
- c. Please provide a SOC2 audit report if available.

## **Appendix 2: Required Contract Provisions**

### Federal Procurement Compliance Requirements

(Uniform Guidance – 2 CFR Part 200)

This Appendix applies to this Request for Proposal (RFP) and any contract awarded as a result of this solicitation. Contractor understands and agrees that funds provided under this Agreement may come from a federal source and agrees to comply with any and all additional applicable terms.

### **Governing Regulations**

This procurement is conducted in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, codified at 2 CFR Part 200, including but not limited to 2 CFR 200.318 through 200.327.

### **Competition Requirements**

This procurement shall be conducted in a manner that provides full and open competition consistent with 2 CFR 200.319.

- No vendor shall be afforded an unfair competitive advantage.
- Contractors involved in the development of specifications or solicitation documents are prohibited from competing for this procurement.
- Brand-name specifications are prohibited unless “brand name or equivalent” is clearly identified.

### **Conflict of Interest**

Pursuant to 2 CFR 200.318(c):

- No employee, officer, agent, or board member of Children’s Institute who has a real or apparent conflict of interest may participate in the selection, award, or administration of a contract resulting from this RFP.
- Proposers must disclose any actual or potential conflicts of interest.
- Proposers may not offer gratuities, favors, or anything of monetary value to influence this procurement.

### **Small and Disadvantaged Business Participation**

Pursuant to 2 CFR 200.321, Children’s Institute encourages participation by:

- small businesses,
- minority-owned businesses,

- women’s business enterprises,
- veteran-owned businesses, and
- labor-surplus area firms.

Proposers are encouraged to identify their business classification and describe any planned use of such firms as subcontractors. Selection shall be based on overall proposal merit and not business classification alone.

**Contractor Responsibility**

Pursuant to 2 CFR 200.318(h), Contracts shall be awarded only to responsible contractors who possess the ability to perform successfully under the terms and conditions of the contract. Evaluation may include:

- integrity and ethics,
- past performance,
- financial and technical capacity,
- compliance with public policy.

**Procurement Records and Audit Access**

Pursuant to 2 CFR 200.334, CII shall maintain procurement records sufficient to detail the history of this procurement.

Contractors must permit access to records by Children’s Institute, the Federal awarding agency, Inspectors General, the Comptroller General of the United States, or their authorized representatives, in accordance with 2 CFR 200.337.

**Contract Provisions**

Any contract awarded as a result of this RFP shall include all applicable federal contract provisions required by 2 CFR §200.327 and Appendix II to Part 200, as determined based on the nature and value of the contract:

Threshold	Provision	Citation
>\$350,000 (Simplified Acquisition Threshold)	<b>Legal/Contractual/Administrative Remedies for Breach of Contract.</b> Contracts must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.	2 CFR 200 APPENDIX II (A)
>\$10,000	<b>Termination for Cause and Convenience.</b> Contracts must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.	2 CFR 200 APPENDIX II (B)
Construction Work	<b>Equal Employment Opportunity.</b>	2 CFR 200 APPENDIX II (C)

	<p>Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of “federally assisted construction contract” in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and implementing regulations at 41 CFR part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.”</p>	
<p>Construction Work &gt;\$2,000</p>	<p><b>Davis-Bacon Act.</b> When required by Federal program legislation, all prime construction contracts in excess of \$2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, “Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction”). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.</p>	<p>2 CFR 200 APPENDIX II (D)</p>
<p>Construction Work &gt;\$2,000</p>	<p><b>Copeland “Anti-Kickback” Act.</b> The contracts must also include a provision for compliance with the Copeland “Anti-Kickback” Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.</p>	<p>2 CFR 200 APPENDIX II (D)</p>
<p>&gt;\$100,000 + mechanics or laborers</p>	<p><b>Contract Work Hours and Safety Standards Act.</b> Where applicable, all contracts awarded by the non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or</p>	<p>2 CFR 200 APPENDIX II (E)</p>

	articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.	
Funding Agreement	<b>Rights to Inventions Made Under a Contract or Agreement.</b> If the Federal award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.	2 CFR 200 APPENDIX II (F)
>\$150,000	<b>Clean Air Act and Federal Water Pollution Control Act.</b> Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).	2 CFR 200 APPENDIX II (G)
>\$25,000	<b>Debarment and Suspension.</b> A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.	2 CFR 200 APPENDIX II (H)
>\$100,000	<b>Byrd Anti-Lobbying Amendment.</b> Contractors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.	2 CFR 200 APPENDIX II (I)
All Contracts	<b>Prohibition on Contracting for Covered Telecommunications Equipment or Services.</b> The Contractor shall adhere to the requirements of 2 CFR 200.216 regarding certain telecommunications and video surveillance equipment or services.	2 CFR 200 APPENDIX II (K)  2 CFR 200.216
All Contracts	<b>Domestic Preferences for Procurements.</b> As appropriate, and to the extent consistent with law, the contractor should, to the greatest extent practicable, provide a preference for the	2 CFR 200 APPENDIX II (L)

	purchase, acquisition, or use of goods, products, or materials produced in the United States. This includes, but is not limited to iron, aluminum, steel, cement, and other manufactured products.	2 CFR 200.322
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