

Request for Proposal

Facilitation of Community Action Partnership of Northwest Montana (CAPNM)

Strategic Planning Retreat

CAPNM desires to engage a qualified facilitator to guide the CAPNM Board and Management Staff into and through a Strategic Planning process during a retreat scheduled for October 19th 8-5 and October 20th 8-12, in Kalispell, MT.

The facilitator must be qualified to assist CAPNM in addressing the network's National Performance Indicators, CSBG Organizational Standards and ROMA in developing strategic goals in CAPNM new transformational three year (2018-2020) Strategic Plan and Vision.

The facilitator will be provided with 2017 comprehensive data collected through a four county community needs assessment, town hall meetings, focus groups, community stakeholders, clients and staff surveys. The facilitator will be tasked with advance preparation including, assessing the data, interviewing board/staff members, developing a SWOT analyses. Then facilitating the strategic planning retreat over 1.5 days.

A RFP packet submitted must include the following:

- Resume including a minimum of two third party references
- Current evidence of general liability insurance
- Confidentiality form (attachment A)
- Conflict of interest form (attachment B)
- W-9 (attachment C)
- Independent Contractor Employment Certificate
- Summary of planning process, including SWOT (due to CAPNM by 10/5/17)
- Post retreat report and final strategic plan document return dates

Your quote must include itemized fees for:

- Advance preparation
- Travel expenses
- 1.5 days of face-to-face retreat time on October 19-20, 2017
- Post retreat interim report preparation due by November 10, 2017
- Finalize Strategic Plan document by December 1, 2017
- A maximum hourly rate if worked outside of the contract is required
- A return engagement commitment in writing, if requested by CAPNM

If necessary CAPNM will provide lodging at the Hampton Inn Kalispell for the two nights of October 18-19. Breakfast, Lunch and Dinner will be provided on October 19th and Breakfast and Lunch will be provided on October 20th. Please exclude those items from your travel charges. CAPNM will also make all necessary copies, provide lecture pads, easels, markers, laptop and projector, if required.

CAPNM intends to award the most responsive and not necessarily to the lowest quote. CAPNM reserves the right to reject any and all responses and to re-issue this RFP.

CAPNM will accept questions in writing concerning this RFP up until March 24, 2017. CAPNM will provide answers to all known interested respondents by March 31, 2017. Questions can be emailed to tdiaz@capnwmt.org

RFP packets must be **RECEIVED AT CAPNM BY COB APRIL 28, 2017**. Response may be emailed to bsago@capnwmt.org or mailed to CAPNM, attn. Becky Sago, P.O. Box 8300, Kalispell, MT. 59904-1300.

CONFIDENTIALITY AGREEMENT

Client and employee medical and other information from any source and in any form (such as paper, talking, email, and computers) is confidential. I shall protect the privacy and confidentiality of client and employee medical information. Access to this information is allowed ONLY if I need to know it to do my job.

In my job, I may see or hear confidential information on:

- **CLIENTS AND/OR FAMILY MEMBERS**
Such as client medical information, conversations and financial information
- **EMPLOYEES, VOLUNTEERS, STUDENTS, CONTRACTORS, PARTNERS**
Such as salaries, medical information, employment records, disciplinary actions
- **BUSINESS INFORMATION**
Such as financial records, reports, memos, contracts, computer programs, technology
- **THIRD PARTIES**
Such as vendor contracts, computer programs, technology
- **OPERATIONS IMPROVEMENT, QUALITY ASSURANCE, PEER REVIEW**
Such as reports, presentations, survey results

I AGREE THAT:

1. I WILL ONLY access information I need to do my job.
2. I WILL NOT show, tell, copy, give, sell, review, change or trash any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct department procedure (such as shredding confidential papers before throwing them away).
3. I WILL NOT misuse or be careless with confidential information.
4. I WILL KEEP my computer password secret and I will not share it with anyone.
5. I WILL NOT use anyone else's password to access a Community Action Partnership of Northwest Montana computer system.
6. I WILL NOT disclose any confidential information even if I am no longer an employee of Community Action Partnership of Northwest Montana.
7. I KNOW that my access to confidential information may be audited.
8. I WILL tell my supervisor if I think someone knows or is using my password.
9. I KNOW that confidential information I learn on the job does not belong to me.
10. I KNOW that Community Action Partnership of Northwest Montana may take away my access at any time.
11. I WILL protect the privacy of our clients and employees.
12. I AM RESPONSIBLE for my use or misuse of confidential information.
13. I AM RESPONSIBLE for my failure to protect my password or other access to confidential information.

Failure to comply with this Agreement may result in the termination of my employment at Community Action Partnership of Northwest Montana and/or civil or criminal legal penalties against me. By signing this, I agree that I have read, understand and will comply with this Agreement.

Signature

Date

Printed Name

Community Action Partnership of Northwest Montana

Conflict of Interest Agreement

Purpose

All employees are expected to conduct their activities in such a way to avoid any appearance of, or actual, loss or embarrassment to CAPNM that might arise from improper influence on CAPNM's business decisions or from disclosure or private use of information regarding CAPNM's business affairs or plans. The purpose of this Policy is to protect the interests of CAPNM and to provide guidelines for handling perceived, potential or actual conflicts of interest.

Covered Individuals

All employees of CAPNM are covered by this Policy.

For the purposes of this Policy, "family or family member" is defined as any member of the employee's family including spouse, parent, sibling, child, stepchild, grandparent, grandchild, great-grandchild, in-law or domestic partner.

Covered Transactions

This Policy covers any transactions that constitute a conflict of interest or a duality of interest, both of which are described below. Before taking any action that may constitute a possible conflict of interest or duality of interest, please discuss it with the Personnel Officer or Executive Director; they are authorized to provide reliable interpretations of this Policy.

Actions Considered a Conflict of Interest

In general terms, a conflict of interest may occur if an outside interest or activity: (i) influences, appears to influence or has the potential to influence the ability of an employee to exercise objectivity or (ii) impairs the ability of an employee to perform his or her responsibilities in the best interests of CAPNM.

An employee is considered to have a potential conflict of interest when:

- An employee or his or her family member has a financial interest including employment by, a consultant to, a representative or agent for, a partner of, holding any office in or deriving any income from any entity doing or seeking to do business with CAPNM that conflicts with the interest of CAPNM in any manner.
- An employee participates in managerial or consultation services to any outside concern that does business with CAPNM, except with CAPNM's prior knowledge and consent.
- An employee receives compensation, gifts, favors, entertainment or other similar benefits of more than a nominal value (\$100 per incident, \$200 accumulated annually by the same vendor, grantee or consultant) from any outside concern which does or seeks to do business with CAPNM.
- An employee discloses or uses confidential, special or inside information of or about CAPNM or its clients, particularly for personal profit or advantage.
- An employee or his or her family member has an opportunity to influence CAPNM's grant making, business, administrative or other material decisions in a manner that leads to personal gain or advantage.
- An employee participates in deliberations or actions resulting in the purchase of goods or services from any organization in which an employee or his or her family member has a financial interest.

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Duality of Interest

In general terms, a duality of interest may occur when an employee or his or her family member has a material interest, financial or otherwise, outside CAPNM that could influence or be perceived as influencing the employee to act contrary to, or to compromise objectivity to, the interests of CAPNM or for the employee's personal benefit or that of a family member or a business associate.

As with conflict-of-interest situations, it is not possible to develop a detailed set of rules that cover all circumstances of duality of interest. An example of duality of interest would be when an employee or his or her family member is affiliated with an organization requesting a grant from CAPNM – such affiliation exists if the employee or his or her family member (i) is a director, trustee, officer or employee of the organization; (ii) has an unofficial role such as significant donor or adviser to the organization; (iii) has an employment relationship or a consultative or advisory arrangement with the organization; or (iv) receives a grant or stipend from the organization.

Board Service

Employees are permitted to serve, with or without compensation, on boards of for-profit and not-for-profit organizations.

Employees must seek advance approval from the Executive Director of CAPNM before accepting any appointment of board service or before participating in community, charitable and business activities that may or are likely to lead to a conflict of interest or a duality of interest.

Each employee serving on a board is expected to be alert to possible conflicts and dualities of interest and bring them to the attention of his or her supervisor and the Personnel Officer. If, in the sole discretion of the Executive Director of CAPNM, the conflict would jeopardize CAPNM's interests, the employee will be asked to resign from the board.

Grant Review

If a CAPNM employee serves on a board of an organization that has or is seeking a grant from CAPNM, or if an employee or his or her family member serves as a representative of an organization that has or is seeking a grant from CAPNM, then during CAPNM's process of reviewing or managing a prospective or actual grant, the CAPNM employee may only provide information to inform a discussion about the merits of that application or active grant.

During the employee's outside board activities, CAPNM employees must not be present during deliberations over a grant application, and must also refrain from voting on or exercising decision-making authority over transactions concerning such an application.

If an employee's family member manages a prospective or actual CAPNM grant on behalf of a grantee organization, then CAPNM employee related to that family member may not manage the grant on behalf of CAPNM.

Disclosure

In connection with any perceived, actual or potential conflict of interest or duality of interest, an employee must disclose the existence of his or her financial interest or affiliation and all material facts to CAPNM by updating CAPNM's disclosure form annually and as soon as a new affiliation begins, and shall provide additional information as requested. All information so disclosed will be confidential except to the extent necessary for the protection of the interests of CAPNM. Former affiliations should be disclosed for three (3) years after the term of service.

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Violations of the Policy

Violation of this Policy, or incorrect or incomplete responses to the disclosure requirement, will be treated as serious misconduct. Please notify the Personnel Officer should you have a question or wish to report a perceived or actual conflict of interest or duality of interest. CAPNM will utilize the following guidelines:

1. The Personnel Officer shall investigate the facts and seek legal advice as necessary to fully investigate perceived, potential or actual conflicts of interest or duality of interest and present recommendations to the Executive Director.
2. If a supervisor has reasonable cause to believe that an employee has failed to disclose actual or potential conflicts of interest or duality of interests, the supervisor shall work with superiors, to investigate and remedy the situation.
3. If, after completing the investigation, the committee determines that the employee has in fact failed to disclose, it shall present recommendations to the Executive Director. The Executive Director may take appropriate action, up to and including termination of employment and other remedies provided by law.

1. Name: _____ Date: _____

2. Position: _____

3. I affirm the following:

I have received a copy of the CAPNM Conflict of Interest Policy. _____ (initial)

I have read and understand the policy. _____ (initial)

I agree to comply with the policy. _____ (initial)

I understand that CAPNM is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. _____ (initial)

4. Disclosures:

a. Do you have a current or potential conflict of interest as defined in the Conflict of Interest agreement with CAPNM? Yes No

i. If yes, please describe it:

I HAVE READ AND UNDERSTAND THE FOREGOING CONFLICT OF INTEREST AGREEMENT, I AGREE TO ITS TERMS, AND MY ACTIONS HAVE BEEN AND WILL CONTINUE TO BE GUIDED THEREBY.

Signature

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	Community Action Partnership PO Box 8300 Kalispell, MT 59904-1300
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																					
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																					
Social security number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>																				
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

- An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:
- Form 1099-INT (interest earned or paid)
 - Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.