AGREEMENT FOR
CRIME VICTIM TRAUMA COUNSELING SERVICES
City of Glendale Solicitation No. RFP 19-11

This Agreement for Crime Victim Trauma Counseling Services ("Agreement") is effective and entered into between CITY OF GLENDALE, an Arizona municipal corporation ("City"), and Applied Behavioral Interventions, PLLC, an Arizona professional limited liability company, authorized to do business in Arizona, (the "Contractor"), as of the _____ day of _______________, 2019.

RECATALS

A. City intends to undertake a project for the benefit of the public and with public funds that is more fully set forth in Exhibit A, pursuant to Solicitation No. RFP 19-11 (the "Project");
B. City desires to retain the services of Contractor to perform those specific duties and produce the specific work as set forth in the Project attached hereto;
C. City and Contractor desire to memorialize their agreement with this document.

AGREEMENT

In consideration of the Recitals, which are confirmed as true and correct and incorporated by this reference, the mutual promises and covenants contained in this Agreement, and other good and valuable consideration, City and Contractor agree as follows:

1. Key Personnel; Sub-contractors.

1.1 Services. Contractor will provide all services necessary to assure the Project is completed timely and efficiently consistent with Project requirements, including, but not limited to, working in close interaction and interfacing with City and its designated employees, and working closely with others, including other contractors or consultants, retained by City.

1.2 Project Team.

a. Project Manager.

   (1) Contractor will designate an employee as Project Manager with sufficient training, knowledge, and experience to, in the City's option, complete the Project and handle all aspects of the Project such that the work produced by Contractor is consistent with applicable standards as detailed in this Agreement;

   (2) The City must approve the designated Project Manager; and

   (3) To assure the Project schedule is met, Project Manager may be required to devote no less than a specific amount of time as set out in Exhibit A.

b. Project Team.

   (1) The Project Manager and all other employees assigned to the project by Contractor will comprise the "Project Team."

   (2) Project Manager will have responsibility for and will supervise all other employees assigned to the Project by Contractor.

c. Discharge, Reassign, Replacement.

   (1) Contractor acknowledges the Project Team is comprised of the same persons and roles for each as may have been identified in the response to the Project’s solicitation.
(2) Contractor will not discharge, reassign or replace or diminish the responsibilities of any of the employees assigned to the Project who have been approved by City without City's prior written consent unless that person leaves the employment of Contractor, in which event the substitute must first be approved in writing by City.

(3) Contractor will change any of the members of the Project Team at the City's request if an employee's performance does not equal or exceed the level of competence that the City may reasonably expect of a person performing those duties or if the acts or omissions of that person are detrimental to the development of the Project.

d. Sub-contractors.
(1) Contractor may engage specific technical contractor (each a "Sub-contractor") to furnish certain service functions.
(2) Contractor will remain fully responsible for Sub-contractor's services.
(3) Sub-contractors must be approved by the City, unless the Sub-contractor was previously mentioned in the response to the solicitation.
(4) Contractor shall certify by letter that contracts with Sub-contractors have been executed incorporating requirements and standards as set forth in this Agreement.

2. Schedule. The services will be undertaken in a manner that ensures the Project is completed timely and efficiently in accordance with the Project.

3.1 Standard. Contractor must perform services in accordance with the standards of due diligence, care, and quality prevailing among contractors having substantial experience with the successful furnishing of services for projects that are equivalent in size, scope, quality, and other criteria under the Project and identified in this Agreement.

3.2 Licensing. Contractor warrants that:
a. Contractor and Sub-contractors will hold all appropriate and required licenses, registrations and other approvals necessary for the lawful furnishing of services ("Approvals"); and
b. Neither Contractor nor any Sub-contractor has been debarred or otherwise legally excluded from contracting with any federal, state, or local governmental entity ("Debarment").
   (1) City is under no obligation to ascertain or confirm the existence or issuance of any Approvals or Debarments or to examine Contractor's contracting ability.
   (2) Contractor must notify City immediately if any Approvals or Debarment changes during the Agreement's duration and the failure of the Contractor to notify City as required will constitute a material default under the Agreement.

3.3 Compliance. Services will be furnished in compliance with applicable federal, state, county and local statutes, rules, regulations, ordinances, building codes, life safety codes, and other standards and criteria designated by City.

Contractor must not discriminate against any employee or applicant for employment on the basis of race, color, religion, sex, national origin, age, marital status, sexual orientation, gender identity or expression, genetic characteristics, familial status, U.S. military veteran status or any disability.

Contractor will require any Sub-contractor to be bound to the same requirements as stated within this section. Contractor, and on behalf of any subcontractors, warrants compliance with this section.
3.4 Coordination; Interaction.
   a. For projects that the City believes requires the coordination of various professional services, Contractor will work in close consultation with City to proactively interact with any other professionals retained by City on the Project ("Coordinating Project Professionals").
   b. Subject to any limitations expressly stated in the Project Budget, Contractor will meet to review the Project, Schedule, Project Budget, and in-progress work with Coordinating Project Professionals and City as often and for durations as City reasonably considers necessary in order to ensure the timely work delivery and Project completion.
   c. For projects not involving Coordinating Project Professionals, Contractor will proactively interact with any other contractors when directed by City to obtain or disseminate timely information for the proper execution of the Project.

3.5 Work Product.
   a. Ownership. Upon receipt of payment for services furnished, Contractor grants to City, and will cause its Sub-contractors to grant to the City, the exclusive ownership of and all copyrights, if any, to evaluations, reports, drawings, specifications, project manuals, surveys, estimates, reviews, minutes, all "architectural work" as defined in the United States Copyright Act, 17 U.S.C § 101, et seq., and other intellectual work product as may be applicable ("Work Product").
      (1) This grant is effective whether the Work Product is on paper (e.g., a "hard copy"), in electronic format, or in some other form.
      (2) Contractor warrants, and agrees to indemnify, hold harmless and defend City for, from and against any claim that any Work Product infringes on third-party proprietary interests.
   b. Delivery. Contractor will deliver to City copies of the preliminary and completed Work Product promptly as they are prepared.
   c. City Use.
      (1) City may reuse the Work Product at its sole discretion.
      (2) In the event the Work Product is used for another project without further consultations with Contractor, the City agrees to indemnify and hold Contractor harmless from any claim arising out of the Work Product.
      (3) In such case, City shall also remove any seal and title block from the Work Product.

4. Compensation for the Project.
   4.1 Compensation. Contractor's compensation for the Project, including those furnished by its Sub-contractors will not exceed $500,000 over the entire term of the Agreement, as specifically detailed in Exhibit B (the "Compensation").
   4.2 Change in Scope of Project. The Compensation may be equitably adjusted if the originally contemplated scope of services as outlined in the Project is significantly modified.
      a. Adjustments to the Compensation require a written amendment to this Agreement and may require City Council approval.
      b. Additional services which are outside the scope of the Project contained in this Agreement may not be performed by the Contractor without prior written authorization from the City.
      c. Notwithstanding the incorporation of the Exhibits to this Agreement by reference, should any conflict arise between the provisions of this Agreement and the provisions found in
the Exhibits and accompanying attachments, the provisions of this Agreement shall take priority and govern the conduct of the parties.

5. **Billings and Payment.**

5.1 **Applications.**

a. Contractor will submit monthly invoices (each, a "Payment Application") to City's Project Manager and City will remit payments based upon the Payment Application as stated below.

b. The period covered by each Payment Application will be one calendar month ending on the last day of the month or as specified in the solicitation.

5.2 **Payment.**

a. After a full and complete Payment Application is received, City will process and remit payment within 30 days.

b. Payment may be subject to or conditioned upon City's receipt of:

   (1) Completed work generated by Contractor and its Sub-contractors; and
   (2) Unconditional waivers and releases on final payment from Sub-contractors as City may reasonably request to assure the Project will be free of claims arising from required performances under this Agreement.

5.3 **Review and Withholding.** City's Project Manager will timely review and certify Payment Applications.

a. If the Payment Application is rejected, the Project Manager will issue a written listing of the items not approved for payment.

b. City may withhold an amount sufficient to pay expenses that City reasonably expects to incur in correcting the deficiency or deficiencies rejected for payment.

6. **Termination.**

6.1 **For Convenience.** City may terminate this Agreement for convenience, without cause, by delivering a written termination notice stating the Effective Termination date, which may not be less than 30 days following the date of delivery.

a. Contractor will be equitably compensated for Goods or Services furnished prior to receipt of the termination notice and for reasonable costs incurred.

b. Contractor will also be similarly compensated for any approved effort expended and approved costs incurred that are directly associated with project closeout and delivery of the required items to the City.

6.2 **For Cause.** City may terminate this Agreement for cause if Contractor fails to cure any breach of this Agreement within seven days after receipt of written notice specifying the breach.

a. Contractor will not be entitled to further payment until after City has determined its damages. If City's damages resulting from the breach, as determined by City, are less than the equitable amount due but not paid Contractor for Service and Repair furnished, City will pay the amount due to Contractor, less City's damages, in accordance with the provision of § 5.

b. If City's direct damages exceed amounts otherwise due to Contractor, Contractor must pay the difference to City immediately upon demand; however, Contractor will not be subject to consequential damages of more than $1,000,000 or the amount of this Agreement, whichever is greater.
7. **Conflict.** Contractor acknowledges this Agreement is subject to A.R.S. § 38-511, which allows for cancellation of this Agreement in the event any person who is significantly involved in initiating, negotiating, securing, drafting, or creating the Agreement on City's behalf is also an employee, agent, or consultant of any other party to this Agreement.

8. **Insurance.** For the duration of the term of this Agreement, Consultant shall procure and maintain insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of all tasks or work necessary to complete the Project as herein defined. Such insurance shall cover Consultant, its agent(s), representative(s), employee(s) and any subcontractors.

8.1 **Minimum Scope and Limit of Insurance.** Coverage must be at least as broad as:

   a. Commercial General Liability (CGL): Insurance Services Office Form CG 00 01, including products and completed operations, with limits of no less than $1,000,000 per occurrence for bodily injury, personal injury, and property damage. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.

   b. Automobile Liability: Insurance Services Office Form Number CA 0001 covering Code 1 (any auto), with limits no less than $1,000,000 per accident for bodily injury and property damage.

   c. Professional Liability. Consultant must maintain a Professional Liability insurance covering errors and omissions arising out of the work or services performed by Consultant, or anyone employed by Consultant, or anyone for whose acts, mistakes, errors and omissions Consultant is legally liability, with a liability insurance limit of $2,000,000 for each claim and a $4,000,000 annual aggregate limit.

   d. Worker’s Compensation: Insurance as required by the State of Arizona, with Statutory Limits, and Employers’ Liability insurance with a limit of no less than $1,000,000 per accident for bodily injury or disease.

8.2 **Indemnification.**

   a. To the fullest extent permitted by law, Consultant must defend, indemnify, and hold harmless City and its elected officials, officers, employees and agents (each, an "Indemnified Party," collectively, the "Indemnified Parties") for, from, and against any and all claims, demands, actions, damages, judgments, settlements, personal injury (including sickness, disease, death, and bodily harm), property damage (including loss of use), infringement, governmental action and all other losses and expenses, including attorneys' fees and litigation expenses (each, a "Demand or Expense" collectively "Demands or Expenses") asserted by a third-party (i.e. a person or entity other than City or Consultant) and that arises out of or results from the breach of this Agreement by the Consultant or the Consultant’s negligent actions, errors or omissions (including any Subconsultant or Subcontractor or other person or firm employed by Consultant), whether sustained before or after completion of the Project.

   b. This indemnity and hold harmless provision applies even if a Demand or Expense is in part due to the Indemnified Party’s negligence or breach of a responsibility under this Agreement, but in that event, Consultant will be liable only to the extent the Demand or Expense results from the negligence or breach of a responsibility of Consultant or of any person or entity for whom Consultant is responsible.

   c. Consultant is not required to indemnify any Indemnified Parties for, from, or against any Demand or Expense resulting from the Indemnified Party's sole negligence or other fault solely attributable to the Indemnified Party.

8.3 **Other Insurance Provisions.** The insurance policies required by the Section above must contain, or be endorsed to contain the following insurance provisions:
a. The City, its officers, officials, employees and volunteers are to be covered as additional insureds of the CGL and automobile policies for any liability arising from or in connection with the performance of all tasks or work necessary to complete the Project as herein defined. Such liability may arise, but is not limited to, liability for materials, parts or equipment furnished in connection with any tasks, or work performed by Consultant or on its behalf and for liability arising from automobiles owned, leased, hired or borrowed on behalf of the Consultant. General liability coverage can be provided in the form of an endorsement to the Consultant’s existing insurance policies, provided such endorsement is at least as broad as ISO Form CG 20 10, 11 85 or both CG 20 10 and CG 23 37, if later revisions are used.

b. For any claims related to this Project, the Consultant’s insurance coverage shall be primary insurance with respect to the City, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees or volunteers shall be in excess of the Consultant’s insurance and shall not contribute with it.

c. Each insurance policy required by this Section shall provide that coverage shall not be canceled, except after providing notice to the City.

8.4 Acceptability of Insurers. Insurance is to be placed with insurers with a current A.M. Best rating of no less than A: VII, unless the Consultant has obtained prior approval from the City stating that a non-conforming insurer is acceptable to the City.

8.5 Waiver of Subrogation. Consultant hereby agrees to waive its rights of subrogation which any insurer may acquire from Consultant by virtue of the payment of any loss. Consultant agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers’ Compensation Policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Consultant, its employees, agent(s) and subcontractor(s).

8.6 Verification of Coverage. Within 15 days of the Effective Date of this Agreement, Consultant shall furnish the City with original certificates and amendatory endorsements, or copies of any applicable insurance language making the coverage required by this Agreement effective. All certificates and endorsements must be received and approved by the City before work commences. Failure to obtain, submit or secure the City’s approval of the required insurance policies, certificates or endorsements prior to the City’s agreement that work may commence shall not waive the Consultant’s obligations to obtain and verify insurance coverage as otherwise provided in this Section. The City reserves the right to require complete, certified copies of all required insurance policies, including any endorsements or amendments, required by this Agreement at any time during the Term stated herein.

Consultant’s failure to obtain, submit or secure the City’s approval of the required insurance policies, certificates or endorsements shall not be considered a Force Majeure or defense for any failure by the Consultant to comply with the terms and conditions of the Agreement, including any schedule for performance or completion of the Project.

8.7 Subcontractors. Consultant shall require and shall verify that all subcontractors maintain insurance meeting all requirements of this Agreement.

8.8 Special Risk or Circumstances. The City reserves the right to modify these insurance requirements, including any limits of coverage, based on the nature of the risk, prior experience, insurer, coverage or other circumstances unique to the Consultant, the Project or the insurer.

9. E-verify, Records and Audits. To the extent applicable under A.R.S. § 41-4401, the Contractor warrant their compliance and that of its subcontractors with all federal immigration laws and regulations that relate to their employees and compliance with the E-verify requirements under A.R.S. § 23-214(A). The Contractor or subcontractor’s breach of this warranty shall be deemed a material breach of the Agreement and may result in the termination of the Agreement by the City under the terms of this Agreement. The City retains the legal right to randomly inspect the papers and records of the other party to ensure that the other
party is complying with the above-mentioned warranty. The Contractor and subcontractor warrant to keep their respective papers and records open for random inspection during normal business hours by the other party. The parties shall cooperate with the City’s random inspections, including granting the inspecting party entry rights onto their respective properties to perform the random inspections and waiving their respective rights to keep such papers and records confidential.

10. **No Boycott of Israel.** The Parties agree that they are not currently engaged in, and agree that for the duration of the Agreement they will not engage in, a boycott of Israel, as that term is defined in A.R.S. §35-393.

11. **Attestation of PCI Compliance.** When applicable, the Contractor will provide the City annually with a Payment Card Industry Data Security Standard (PCI DSS) attestation of compliance certificate signed by an officer of Contractor with oversight responsibility.

12. **Notices.**

12.1 A notice, request or other communication that is required or permitted under this Agreement (each a "Notice") will be effective only if:

a. The Notice is in writing; and

b. Delivered in person or by overnight courier service (delivery charges prepaid), certified or registered mail (return receipt requested); and

c. Notice will be deemed to have been delivered to the person to whom it is addressed as of the date of receipt, if:

   (1) Received on a business day, or before 5:00 p.m., at the address for Notices identified for the Party in this Agreement by U.S. Mail, hand delivery, or overnight courier service on or before 5:00 p.m.; or

   (2) As of the next business day after receipt, if received after 5:00 p.m.

d. The burden of proof of the place and time of delivery is upon the Party giving the Notice; and

e. Digitalized signatures and copies of signatures will have the same effect as original signatures.

12.2 **Representatives.**

a. Contractor. Contractor's representative (the "Contractor's Representative") authorized to act on Contractor's behalf with respect to the Project, and his or her address for Notice delivery is:

   Applied Behavioral Interventions, PLLC  
c/o Victor Okorie, Administrator  
PO Box 72657  
Phoenix, AZ  85050  
Tel: 602-441-2388  
Email: Vokorie@appliedinterventions.com

b. City. City's representative ("City's Representative") authorized to act on City's behalf, and his or her address for Notice delivery is:

   City of Glendale  
c/o Melissa Thomas  
Glendale Family Advocacy Center  
6830 N 57th Drive  
Glendale, Arizona  85301  
623-930-3724
With required copy to:

City Manager          City Attorney
City of Glendale      City of Glendale
5850 West Glendale Avenue 5850 West Glendale Avenue
Glendale, Arizona 85301  Glendale, Arizona 85301

c. Concurrent Notices.

(1) All notices to City's representative must be given concurrently to City Manager and City Attorney.

(2) A notice will not be deemed to have been received by City's representative until the time that it has also been received by City Manager and City Attorney.

(3) City may appoint one or more designees for the purpose of receiving notice by delivery of a written notice to Contractor identifying the designee(s) and their respective addresses for notices.

d. Changes. Contractor or City may change its representative or information on Notice, by giving Notice of the change in accordance with this section at least ten days prior to the change.

13. Financing Assignment. City may assign this Agreement to any City-affiliated entity, including a non-profit corporation or other entity whose primary purpose is to own or manage the Project.

14. Entire Agreement; Survival; Counterparts; Signatures.

14.1 Integration. This Agreement contains, except as stated below, the entire agreement between City and Contractor and supersedes all prior conversations and negotiations between the parties regarding the Project or this Agreement.

a. Neither Party has made any representations, warranties or agreements as to any matters concerning the Agreement's subject matter.

b. Representations, statements, conditions, or warranties not contained in this Agreement will not be binding on the parties.

c. The solicitation, any addendums and the response submitted by the Contractor are incorporated into this Agreement as if attached hereto. Any Contractor response modifies the original solicitation as stated. Inconsistencies between the solicitation, any addendums and the response or any excerpts attached as Exhibit A and this Agreement will be resolved by the terms and conditions stated in this Agreement.

14.2 Interpretation.

a. The parties fairly negotiated the Agreement's provisions to the extent they believed necessary and with the legal representation they deemed appropriate.

b. The parties are of equal bargaining position and this Agreement must be construed equally between the parties without consideration of which of the parties may have drafted this Agreement.

c. The Agreement will be interpreted in accordance with the laws of the State of Arizona.

14.3 Survival. Except as specifically provided otherwise in this Agreement, each warranty, representation, indemnification and hold harmless provision, insurance requirement, and every other right, remedy and responsibility of a Party, will survive completion of the Project, or the earlier termination of this Agreement.
14.4 Amendment. No amendment to this Agreement will be binding unless in writing and executed by the parties. Any amendment may be subject to City Council approval. Electronic signature blocks do not constitute execution.

14.5 Remedies. All rights and remedies provided in this Agreement are cumulative and the exercise of any one or more right or remedy will not affect any other rights or remedies under this Agreement or applicable law.

14.6 Severability. If any provision of this Agreement is voided or found unenforceable, that determination will not affect the validity of the other provisions, and the voided or unenforceable provision will be deemed reformed to conform to applicable law.

14.7 Counterparts. This Agreement may be executed in counterparts, and all counterparts will together comprise one instrument.

15. Term. The term of this Agreement commences upon the effective date and continues for a one (1)-year initial period. The City may, at its option and with the approval of the Contractor, extend the term of this Agreement an additional four (4) years, renewable on an annual basis. Contractor will be notified in writing by the City of its intent to extend the Agreement period at least thirty (30) calendar days prior to the expiration of the original or any renewal Agreement period. Price adjustments will only be reviewed during the Agreement renewal period and any such price adjustment will be a determining factor for any renewal. There are no automatic renewals of this Agreement.

16. Dispute Resolution. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered according to the American Arbitration Association’s Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

17. Exhibits. The following exhibits, with reference to the term in which they are first referenced, are incorporated by this reference.

Exhibit A Project
Exhibit B Compensation

(Signatures appear on the following page.)
The parties enter into this Agreement as of the Effective Date shown above.

City of Glendale,
an Arizona municipal corporation

By: Kevin R. Phelps
Its: City Manager

ATTEST:

Julie K. Bower  
City Clerk  (SEAL)

APPROVED AS TO FORM:

Michael D. Bailey  
City Attorney

Applied Behavioral Interventions, PLLC,  
an Arizona professional limited liability company

By: Victor Okorie  
Its: Administrator
EXHIBIT A
CRIME VICTIM TRAUMA COUNSELING SERVICES
PROJECT

Applied Behavioral Interventions, PLLC (‘the Contractor) shall provide crime victim trauma counseling services for the Glendale Family Advocacy Center on an “as needed” basis in accordance with RFP 19-11 scope of work.

The Contractor or all individuals providing Trauma Counseling Services to Glendale Crime Victims must:
- Have a MASTERS degree (or higher) in Counseling, Psychology, Sociology, or Social Work
- Currently licensed with the Arizona Board of Behavioral Health
- Have specialized experience working with children, adult, and families experiencing trauma
- Clinicians must maintain appropriate clinical supervision as dictated by their professional licenses

The Contractor or individual must show proof of the following documentation:
- Individual or agency malpractice insurance
- Copy of the treating clinicians license through the Arizona Board of Behavioral Health
- Copy of any specialized certificates in trauma specific modalities or advanced training

The Contractor or individual must be willing to:
- Prioritize referrals for victims of crime, with a target goal of having them seen by a clinician within 7 business days of referral
- Collect federal statistical data (demographic) on all referred clients
- Provide a monthly report documenting the amount of counseling services provided and a report on overall progress of the client
- Agree to reimbursement in the amount of $81.25/clinical hour for individual (1:1) counseling services
- Provide a monthly billing statement for reimbursement of services provided
- Clinician and/or agency representative must agree to meet on a quarterly basis for quality assurance review
EXHIBIT B
CRIME VICTIM TRAUMA COUNSELING SERVICES
COMPENSATION

METHOD AND AMOUNT OF COMPENSATION
Payment shall be as per Section 5 of the Agreement and the attached Contractor’s response to RFP 19-11.

NOT-TO-EXCEED AMOUNT
The total amount of compensation paid to Contractor for full completion of all work required by the Project during the entire term of the Project must not exceed $500,000.

DETAILED PROJECT COMPENSATION
See attached Contractor’s response to RFP 19-11.
SUBMISSION CHECKLIST

This section provides an overview of the submission instructions including a checklist to aid in the submission of complete proposals. Offerors shall complete the fillable "RESPONSE WORKBOOK" attachment and submit as their proposal.

Offerors are strongly advised to read this section in its entirety and complete the checklist to avoid disqualification. Please note that the City will NOT be able to consider proposals that are submitted late or that do not follow these guidelines.

The Offeror shall bear all costs associated with submitting the proposal, including proposal preparation, site visitation or any travel connected with submission of the proposal. The City shall have no liability whatsoever for such costs.

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<tr>
<th>Checklist For Submitting Proposal</th>
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<tr>
<td><strong>Submission Requirements</strong></td>
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<td>COVER SHEET (Response Workbook)</td>
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<td>Offeror Name</td>
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<td>Offeror Address</td>
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<td>COMPLETED OFFER SHEET (Response Workbook)</td>
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<td>COMPLETED REQUIRED RESPONSES (Response Workbook)</td>
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<td>Firm's Qualifications and Experience</td>
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<td>Method of Approach</td>
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<td>Addendum Responses (if applicable)</td>
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<tr>
<td>COMPLETED PRICE SHEET</td>
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<td><strong>Return Of Offer</strong></td>
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<td>Four (4) hard copies of all “SUBMISSION REQUIREMENTS” listed above.</td>
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<td><strong>Electronic file:</strong></td>
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<td>• Must contain only one electronic file that includes all proposal elements</td>
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<td>Hard Copies and Electronic file are submitted in a sealed package that is clearly labeled with the following:</td>
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<td>• Solicitation title</td>
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<td>• Offeror Name/Address</td>
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Offerors to complete this Response Workbook and submit as their response to this RFP.

**COVER SHEET**

OFFEROR NAME:  **APPLIED BEHAVIORAL INTERVENTIONS, PLLC**

OFFEROR ADDRESS:  **10000 N 31ST AVENUE SUITE A107, PHOENIX, ARIZONA 85051**
OFFER SHEET
(Must be printed, signed and returned)
Offeror certifies that they have read, understand, and will fully and faithfully comply with this solicitation, its attachments and any referenced documents. Offeror also certifies that the prices offered were independently developed without consultation with any of the other Offerors or potential Offerors.

Authorized Signature 9/10/2018
Victor Okorie
Printed Name (Authorized Signatory)
Administrator
Job Title
VOkorie@appliedinterventions.com
Email Address
(602) 441-2388
Phone Number
Applied Behavioral Interventions, PLLC
Legal Company Name
P. O. Box 72657
Mailing Address
Phoenix, Arizona 85050
City, State & Zip Code

Questions regarding this offer should be directed to (if different from above):

Victor Okorie
Contact Name
(602) 441-2388
Phone Number
VOkorie@appliedinterventions.com
Email Address

FEDERAL TAXPAYER ID NUMBER (Required): 46-4205529

OFFEROR IS A MINORITY OR WOMEN OWNED BUSINESS: ☑ Yes ☐ No

DO YOU HAVE AN ARIZONA TRANSACTION PRIVILEGE TAX (TPT) LICENSE?
☐ Yes, Number____ Tax Rate:____ OR ☑ No, not required to have an Arizona TPT License

CONFLICT OF INTEREST (SPECIAL NOTICES):
☑ No, I do not have a conflict of interest
☐ Yes, I have a conflict of interest and response includes the disclosure required (see Exhibit 1, Item #3)

ACKNOWLEDGEMENTS:
By signing this Offer Sheet and submitting the accompanying solicitation response, Offeror is certifying that they have read, understand, and agree to comply with all required terms and conditions provided in the EXHIBITS PACKAGE and checked off below. Failure to provide this acknowledgement will result in disqualification.

☑ Exhibit 1–Special Notices ☑ Exhibit 2–RFP Standard Terms and Conditions
☑ Exhibit 3–Insurance Requirements ☑ Exhibit 4–Template Agreement ☑ Pricing Workbook
REQUIRE RESPONSES

Offeror’s answers to the following questions will comprise the Offeror’s response to this RFP. It should be noted that all attachments or exhibits prepared by the City and referenced herein are incorporated by reference into the Offeror’s response and shall be included in a final contract with the successful Offeror. Information prepared by the Offeror and submitted with their proposal may be incorporated into a final contract (for example program offerings, curriculum, key personnel, or performance metrics).

1. Firm’s Qualifications and Experience. The following information should be included:
   A. A statement of your qualifications, abilities, experience and expertise in providing the requested services.
      1. Include a brief history of your company, mission statement and how many years you have been providing these services. Provide a list of primary services your company currently provides to crime victims to address their needs. Identify the city or county covered in your service. Identify the primary population currently served (i.e. average age range, cultural or racial make-up, etc.). List the major funding sources that currently support your program.
      2. List your key personnel assigned to this contract and their qualifications and experience.
      3. Describe your company’s capacity to deliver high quality crime victim services and why your company should receive funding.
      4. Identify your major collaborative partners (e.g. criminal justice system other crime victim agencies, community programs serving traditionally underserved populations, hospitals, housing agencies, public housing authority, social services, schools, etc.) and describe your collaborative efforts to improve services to crime victims.
      5. References – A minimum of three references, including information about the services provided in relation to those described in this RFP, preferably from other public entities within the State of Arizona for whom you have provided similar services. Include the name of entity, contact person’s name, phone numbers, e-mail addresses, mailing addresses, type of service provided, date these services were provided.

   1. Include a brief history of your company, mission statement and how many years you have been providing these services. Provide a list of primary services your company currently provides to crime victims to address their needs. Identify the city or county covered in your service. Identify the primary population currently served (i.e. average age range, cultural or racial make-up, etc.). List the major funding sources that currently support your program.

Response

Applied Behavioral Interventions (ABI) is a reputable entity, founded and incorporated in 2013, and fully licensed as an outpatient behavioral health treatment center by Arizona Department of Health Services, Bureau of Medical Facilities Licensing (find accompanying ADHS Issued license). Our mission is to be recognized as a well trusted, highly visible, comprehensive social services company dedicated to providing quality services in an effort to ensuring the security, safety and overall welfare of children and families, and the community in general.
We are a comprehensive behavioral health services company staffed by licensed and unlicensed professionals with extensive knowledge of victimization, victim services, and a commitment to victim-centered services, and experiences in counseling and social services ranging from 2 years to 35 years. Our clinicians are dedicated to promoting quality of life of our clients through identifying strengths and building new foundations. Treatment emphasis is placed on skills training and relationship development, and individualized and family-centered interventions.

Our professional services are provided in the Maricopa County primarily in the Metropolitan areas of Phoenix, Glendale, Peoria, Tempe, El Mirage, Litchfield, Goodyear. Services are provided in both English and Spanish languages to clients ranging from age 5 to 99 of diverse population of varying racial and socio-economic backgrounds and age ranging from 5 to 99. Linguistic accommodations for other languages are also provided.

We provide a full range of clinical services namely counseling, consultation, case management, coordination and consultation, social support services, psychological and psychiatric services to clients of varying presentation and psychopathology including crime victims to address mental illnesses, substance abuse problems, domestic violence, emotional disorders, psychosocial stressors, coping skills, parenting education and parenting skills training, life skills training, anger management, social/emotional skills, anxiety/fears, trauma, abuse issues, depression, mood instability, motivation, etc.

Our funding sources consist of our contractual provider relationship with the following entities:

a) State of Arizona Department of Child Safety (ADCS)
b) Coconino County Superior Court
c) United HealthCare/Optum Behavioral Health (UBH)
d) Blue Cross Blue Shields (BCBS)
e) State of Arizona Department of Economic Security (ADES/RSA)
f) Healthnet/Managed Health Network (MHN)
g) Cigna
h) Aetna
i) Centurion Integrated Care
j) Arizona Health Care Containment Service (AHCCCS)
k) Beacon Health (Formerly Value Options)
l) Magellan Health
m) Compsych
n) Care 1st of Arizona
o) Arizona Complete Health

2. List your key personnel assigned to this contract and their qualifications and experience.

**RESPONSE**

The company's key personnel designated for this contract are as follow:

Name: Victor Okorie
Position: Therapist/Director of Clinical services
Duties: Assessment, counseling and consultation, general program operations, policies and procedures development and implementation, personnel, quality assurance and contract

Agency: Applied Behavioral Interventions, PLLC
compliance

**Background:** Doctoral training in clinical psychology, EMDR and DBT trained, and a professional counseling license (LPC) by Arizona Board of Behavioral Health Examiners. EMDR certified and DBT trained. Extensive experience in trauma-specific interventions and counseling and behavioral health services delivery system in various capacities including direct care, supervisory, managerial, and directorial positions. Competency in cognitive-behavioral therapy interventions.

**Name:** Monica Torres  
**Position:** Therapist/Program Supervisor  
**Duties:** Assessment, counseling and consultation, day to day program management of agency community-based (in-home) services including administrative and clinical supervision of program staff  
**Background:** Master of Arts in Counseling and Arizona Board of Behavioral Health Licensed Counselor. 12 years in human/social and behavioral health services. Competency in domestic violence treatment, substance abuse and dialectical behavioral therapy (DBT) treatment.

3. Describe your company's capacity to deliver high quality crime victim services and why your company should receive funding.

**RESPONSE**

Applied Behavioral Interventions is a trusted, highly visible, comprehensive behavioral health services company that continually strives to enhance the overall well-being of families and the community in general. We are licensed, in good standing, by the State of Arizona department of Health Services. We currently in the process of receiving a national accreditation through the Council on Accreditation. The value of accreditation signifies that our services meet best practice standards, are delivered by appropriately trained staff, support positive outcomes and are culturally competent. Our clinicians who are extensively trained and certified in crime victims and trauma treatment and advocacy with an average trauma interventions experience of 12 years, are dedicated to promoting quality of life of our clients through identifying strengths and building new foundations. Emphasis is placed on skills development, individualized and family-centered interventions.

Our services are specifically provided with adherence to the following company Values, Core Behaviors and Guiding Principles. These values define our culture and are demonstrated through actions and activities:

**Our Values and Core Behaviors**

a) **Safety:** Safety is our highest priority.

b) **Individualized Service:** we are committed to providing individualized attention to clients characterized by respect, compassion, and a genuine desire to be helpful.

c) **Diversity:** We respect families for their diverse culture, ethnicity, and religious beliefs. We embrace diversity and inclusiveness, and seek to provide a safe, welcoming, and affirming environment for all. We therefore commit ourselves to an ongoing learning process, celebration of our differences, and a willingness to challenge ourselves and others in the pursuit of social justice.

d) **Excellence:** We endeavor to provide high quality services. We adhere to the highest professional and ethical standards, engage in ongoing professional development, strive to remain current with new developments.
Our Guiding Principles

In addition to our values system and core behaviors as described above which distinguishes us from other agencies, we incorporate the following principles in ensuring quality services and client safety:

a. **Client Focus**: We are committed to meeting and exceeding the expectations of clients served and engaging them and their families in their care and services provided;
b. **Leadership**: Our quality and client safety commitment is established and demonstrated by the executive management staff.
c. **Teamwork**: We actively encourage and involve everyone in the organization to communicate and work together to meet the needs of our clients.

d. **Continuous Improvement**: We acknowledge that our outcomes are a result of our processes and that improving outcomes require improving processes.
e. **Evidence-based decision-making**: We provide services using evidenced-based and evidenced-informed approaches. We rely on data from internal sources as well as credible research done elsewhere as the basis for our decisions.
f. **Culture of Safety**: Quality and client safety is a core responsibility for all staff. We promote a culture of safety which encourages, instills, and inspires accountability and responsibility.
g. **Learning**: We encourage organizational learning and support sharing knowledge within the company and other organizations to improve quality and client safety.

The following Guiding Principles are specific to our treatment approach with victims of domestic violence which will help guide a safe and effective outcome:

1. **Regard the safety of the victim and their family as a priority**;
2. **Respect the autonomy and right to self-determination of victims and their ability to make choices**;
3. **Refrains from behaviors that communicate victim blame, suspicion regarding victim accounts of the crime, condemnation for past behavior, or other judgmental, anti-victim sentiments. Essentially, maintaining an attitude that does not threaten, blame, or make judgments about the victim, the abuser, or the choices that have been made**;
4. **Hold perpetrators of abuse responsible for the abuse and responsible for ending the abuse**;

Agency: Applied Behavioral Interventions, PLLC
5. Believe the victim and be willing to listen;
6. Provide choices - empower the victim to take control of their life;
7. Preserves the confidentiality of information provided by the person served or acquired from other sources before, during, and after the course of the professional relationship.
8. Always discuss the topic of domestic violence with a client in private. Never discuss domestic violence in the presence of children or anyone who might be her abuser.

4. Identify your major collaborative partners (e.g. criminal justice system other crime victim agencies, community programs serving traditionally underserved populations, hospitals, housing agencies, public housing authority, social services, schools, etc.) and describe your collaborative efforts to improve services to crime victims.

RESPONSE

As previously noted, we strive to enhance the overall wellbeing of families and the community in general by promoting quality of life through family-centered services that enhance awareness of the consequences and prevention of domestic violence among others. Some of our past and current efforts in partnerships and collaborative initiatives are:

1. Helping develop victim-centric policies and procedures for probation and parole agencies;
2. Promoting awareness about available victim services in the community and facilitating the referral process;
3. Generating awareness among both victims and the public about victims' specific rights in a jurisdiction, including their rights after offenders are sentenced;
4. Educating the public about crime victim assistance and probation and parole services; and
5. Providing training and cross-training among providers of community corrections and victim services about issues of mutual concern.

The following are our collaborative partners and/or entities with which we have a contractual relationship to provide domestic violence treatment, counseling and/or related services:

1. Arizona Department of Child Safety
2. Arizona Department of Economic Security
3. Maricopa County Department of Public Health
4. Maricopa County Adult Probation
5. Coconino County Superior Court

Other informal and non-contractual organizations include:

1. Local schools, colleges and universities;
2. Local hospitals;
3. Faith communities;
4. Youth and women organizations;
5. Veterans organizations;

Our strategies and efforts to collaboratively continue to improve services to crime victims include:

1. Advocacy and community outreach services based on our family-friendly values and beliefs with respect to cultural, linguistic, ethnic, racial, and religious diversity;
2. Maintaining cooperative working relationships with and/or between other service providers.
3. Establishing and maintaining a referral procedure in cooperation with other community agencies.
4. Collaborate to develop new ways of integrating and delivering victim-centered services.
5. Conducting primary prevention activities in the community and educating the community on crime victimization issues and promoting awareness of available services and prevention efforts.
6. Participating in task forces, committees, and work groups to increase effectiveness in a victim-centered response.
7. Strategizing together to leverage existing/available resources.
8. Develop and maintain ongoing relationships with culturally specific programs and resources to ensure access for victims.
10. Utilizing effective policies and protocols to connect the work between system partners and victim service programs on behalf of victims, ensuring clear definition of roles and responsibilities for all partners.

5. References – A minimum of three references, including information about the services provided in relation to those described in this RFP, preferably from other public entities within the State of Arizona for whom you have provided similar services. Include the name of entity, contact person’s name, phone numbers, e-mail addresses, mailing addresses, type of service provided, dates these services were provided.

RESPONSE

1. Contact: Zulema Richard
   Phone: (602)542-6867
   Entity: Rehabilitation Services Administration
   Address: 1789 W. Jefferson St. 2FL NW Mail Drop 5112
   Phoenix, AZ 85007
   Services: Counseling and consulting services
   Dates: 2016 to present

2. Contact: Terry Knox
   Phone: (602) 619-2921
   Entity: Maricopa County Adult Probation
   Address: 1789 W. Jefferson St. 2FL NW Mail Drop 5112
   Phoenix, AZ 85007
   Services: Domestic Violence Education and Treatment
   Dates: 2017 to present

3. Contact: Kyle Bogdon
   Phone: (602) 542-0930
   Entity: State of Arizona Department of Economic Security
   Address: PO Box 6123, Mall Drop 2HC3, Phoenix, AZ 85005
   Services: Psychological evaluations, comprehensive assessment
   Date: 2016 to present
2. **Method of Approach.** Clearly define your method of approach including, but not limited to, the following:
   A. Method of Approach - Describe your proposed method of performing the required services.
   B. Describe your equipment, vehicles, supplies and number of staff you will use to perform services under this contract.
   C. Describe your evaluation procedures you use to gather feedback from crime victims and those you serve.
   D. Describe your administrative support that will be assigned to this contract.
   E. Describe your method of billing or invoicing.

A. **Method of Approach - Describe your proposed method of performing the required services.**

A counselor's approach might be different with each client involved in domestic violence and services are tailored to a client's experiences and symptoms. However, the agency follows a general procedure with all referrals.

Upon receipt of a referral the client is contacted and scheduled for an intake session. During the initial intake session, the following steps are completed:

1. Client will be provided a copy of their statutory rights in a format and language that is easily understood, a document that describes the organization's commitment to victim-centered services (e.g. code of ethics, advocacy rights, accessibility, etc.).
2. A comprehensive assessment is completed that includes an assessment of immediate needs for safety and security and the Development of a safety plan, presenting concerns/issues, and other biopsychosocial history of the client.
3. The client will be informed and provided with available resources including crisis support;
4. A treatment plan is completed with the client and signed by all parties - counselor and client. The treatment outlines treatment goals and objectives including frequency of sessions, client's responsibilities etc. The agency's policy requires all treatment plan to be Specific, Measurable, Achievable, Relevant and Time-bound/limited (S.M.A.R.T).
5. On-going counseling sessions are scheduled consistent with the agreed upon treatment plan.

In addition to these ongoing counseling sessions, the client may be encouraged to participate in our support group which is based on guidelines that promote healthy interaction and ongoing healing by providing psychoeducation and teaching clients what a healthy relationship looks like.

It is the policy and procedures of our agency to adopt an eclectic approach with respect to the use of evidenced-based interventions/curricula. We utilize multiple evidenced-based strategies and curricula based on individual unique needs and challenges to address the presenting concerns/issues.

Our Trauma Specific Treatment incorporates the use of approaches such as ATRIUM, EMDR, DBT, Seeking Safety that have been proven to facilitate recovery from trauma, and directly address the impact of trauma on an individual's life and facilitate trauma recovery. Patients who participated in our Trauma-Specific Treatment program showed a significant reduction in symptoms - incidence of violence, depression, anxiety, suicide attempts and suicidal behaviors, substance abuse, and eating disorders and consequently a decline in hospital admission and readmission rates over a period of 12 months.
The following are a description of approaches we incorporate in our treatment of crime victims:

1. **Addictions and Trauma Recovery Integration Model (ATRIUM):** This is a 12-session recovery model designed to serve survivors of sexual and physical abuse, those with substance abuse and other addictive behaviors, those who are actively engaged in harmful relationships, who self-injure, have serious psychiatric diagnoses, and for those who enact violence and abuse against others.

2. **Eye Movement Desensitization and Reprocessing (EMDR):** This is a comprehensive, integrative psychotherapy approach that addresses the experiential contributors of a wide range of pathologies.

3. **Dialectical Behavior Therapy (DBT):** This is an empirically supported treatment designed to help people manage overwhelming feelings and self-defeating behaviors which may create major challenges in life such as angry outbursts, violence, depression, immobility and avoidance by suicide attempts, substance abuse, and eating disorders. The emphasis is on building and enhancing skills to regulate emotions, deal with the distressing situations, and improve relationships.

4. **Seeking Safety:** The Seeking Safety model, is a manualized, 25-topic, flexible integrated treatment that offers coping skills to help clients attain greater safety in their lives. It is present focused and designed to be inspiring and hopeful. Originally designed to address PTSD and substance abuse, it since has been implemented with diverse traumatized clients who may not necessarily meet criteria for these disorders.

5. **The use of “Healing the Trauma of Abuse: A Woman’s Workbook”** This is an important self-help book that describes a weekly lesson process that women can use to relieve the effects of trauma in their lives, either when working in a group, with a counselor, or when, as many women must do, working on their own. It rebuilds self-esteem and gives back the personal power, trust and sense of connection that are taken away by a traumatic experience.

6. **Domestic Violence Group Intervention:** This ten-session manualized group intervention helps women who have experienced domestic violence to break the cycle of abuse. Intervention is written as a leader’s manual, with a rationale, goals, questions to prompt discussion, and experiential exercises for each topic. Topics include: the relational context of domestic violence; the cycle of violence; power and control; multi-generational violence; the impact of domestic violence on children; anger; assertiveness; communication skills; and stopping the cycle.
B. Describe your equipment, vehicles, supplies and number of staff you will you use to perform services under this contract.

RESPONSE

The company will assign 5 experienced clinicians to perform services under this contract. The equipment used in the delivery of services include the various evidence-based client workbook and

C. Describe your evaluation procedures you use to gather feedback from crime victims and those you serve.

RESPONSE

Our evaluation procedure involves the use of "Client Satisfaction Survey", Outcome Questionnaire (OQ-45.2) and/or Brief Symptom Inventory (BSI) to gather a client’s feedback on:

1. level of satisfaction with services
2. sense of how well services are reaching their intended outcomes
3. quick ideas and suggestions about how services could be improved

For individual client’s treatment progress, we use Outcome Questionnaire (OQ-45.2) which is sensitive to short-term changes, making it a good instrument for evaluating client progress at any point during treatment. It provides our clinician with a “snapshot” of the client’s current functioning, assessing personal and socially relevant characteristics that contribute to the client’s quality of life. This instrument also contains risk assessment items for potential suicide, substance abuse and workplace violence.

The Brief Symptom Inventory (BSI) may also be used to evaluate clients’ progress in treatment. This instrument is used to identify self-reported clinically relevant psychological symptoms in adolescents and adults. The BSI covers nine symptom dimensions: Somatization, Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic anxiety, Paranoid ideation and Psychoticism; and three global indices of distress: Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total.

A customer service survey will also be used to gather feedback from clients regarding our crime victims’ services. Feedback obtained are incorporated into program policies and procedures to improve program outcomes.

D. Describe your administrative support that will be assigned to this contract.

RESPONSE

Kay Wright, Program Supervisor; Roxanne Rodriguez, Administrative Office Manager; and Jessica Lopez, Program Assistant will be assigned to the contract to provide administrative and operational support services to ensure quality assurance and contractual compliance and effective delivery of services.
E. Describe your method of billing or invoicing.

RESPONSE

Billing and invoicing will be processed and submitted on a monthly basis with contents consistent with this solicitation to include the following:

1. Invoice number
2. Invoice date
3. Date service(s) performed
4. Name of City staff member placing request
5. Itemized list of services rendered

Price Sheet. Offeror shall submit the Pricing Workbook. Pricing quoted shall include labor, materials, tools, equipment rental, supplies, transportation, licenses, fees, insurance, warranty, profit, and any associated direct or indirect costs. All unit prices shall remain constant regardless of quantities ordered by the City. The City shall not be invoiced at prices higher than those stated in the resultant contract.

All prices quoted shall be firm and fixed for the specified contract period.

See attached “RFP19-11PricingWorkbook”

PRICE SHEET

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime Victim Trauma Counseling Services as per Scope of Work</td>
<td>Per Hour</td>
<td>$120.00</td>
</tr>
</tbody>
</table>

IF PRICING IS NOT PROVIDED IT IS INTERPRETED AS A NO-BID

ADDENDUM RESPONSES AND ACKNOWLEDGEMENT

Attach addendum response(s) and acknowledgement(s) here.

Not Applicable

CONFLICT OF INTEREST STATEMENT

If Offeror indicated they have a conflict of interest on the Offer Sheet, Offeror must provide details here. Please refer to the CONFLICT OF INTEREST section on page 1 of the EXHIBITS PACKAGE for required information to be included here.

Not Applicable
3. PRICING WORKBOOK

The Offeror must complete all requested pricing below. Pricing quoted shall include labor, materials, tools, equipment rental, supplies, transportation, licenses, fees, insurance, warranty, profit, and any associated direct or indirect costs. All unit prices shall remain constant regardless of quantities ordered by the City. The City shall not be invoiced at prices higher than those stated in the resultant contract.

PRICE SHEET

3.1 PRICE FOR CRIME VICTIM TRAUMA COUNSELING SERVICES

<table>
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</tbody>
</table>

IF PRICING IS NOT PROVIDED IT IS INTERPRETED AS A NO-BID

DISCOUNT/PAYMENT TERMS: The City standard is 2% 20 days

Comply: YES X, NO ___

If your answer is NO, please state terms offered: ________%

PAYMENT The Contractor shall provide monthly statements of itemized services. Payment will be reviewed and approved by the Contract Administrator or designee. The itemized statement shall not exceed the Unit Price Per Hour in Price Sheet Section 3.1.

TAX AMOUNT Do not include any use tax or federal tax in your proposal.

OFFEROR NAME: Applied Behavioral Interventions, PLLC
Applied Behavioral Interventions, PLLC
10000 North 31st Avenue Suite A107
Phoenix, AZ 85051

This facility is licensed to operate as a(n) Outpatient Treatment Center

From: January 4, 2018

Issued: January 9, 2018

License: OTC8654
Change of Location / Change of Classification

To: December 31, 2018

Recommended By: William Alcock, Bureau Chief

Issued By: Colby Bower, Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1052.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE
Victor Okorie  Licensed as  

attended in its entirety, the following EMDR Institute live In-person continuing education activity.

Weekend 2 of the EMDR Basic Training
Presented by: Gerald Puk, PhD
April 27-29, 2018
Phoenix, AZ

20 Contact Hours
Sponsored by
EMDR Institute

Francine Shapiro, PhD

APA: EMDR Institute, Inc., is approved by the American Psychological Association to offer continuing education for psychologists. EMDR Institute, Inc., maintains responsibility for this program and its contents.
RN: EMDR Institute, Inc is a provider approved by the California Board of Registered Nursing, Provider #9755.
NBCC: EMDR Institute, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5558. Programs that do not qualify for NBCC credit are clearly identified. EMDR Institute, Inc. is solely responsible for all aspects of the program.
ASWB: EMDR Institute, provider #1206, is an approved provider for SW continuing education by the Association of SW Boards (www.aeswb.org), through the Approved Continuing Education (ACE) program. EMDR Institute maintains responsibility for the program. ASWB Approval Period: 8/10/17-8/10/20. Social workers should contact their regulatory board to determine course approval for ce credits. Social workers participating in this course will receive 20 clinical social work ce clock hours.
NYSED: EMDR Institute is recognized by the NY State Education Dept's State Board for SW as an approved provider of continuing education for licensed social workers #SW-0125.
This is to verify that Victor Okorie
Licensed as 

attended in its entirety, the following continuing education activity.

Weekend 1 of the EMDR Basic Training

Presented by: Gerald Puk, PhD

January 27-29, 2018

Phoenix, AZ

20 CE Hours/Credits

Sponsored by
EMDR Institute

Francine Shapiro, PhD

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**APA:** EMDR Institute, Inc., is approved by the American Psychological Association to offer continuing education for psychologists. EMDR Institute, Inc., maintains responsibility for this program and its contents.

**BBS:** APA is approved for ce credit for CA LPC, LMFT, LCSW.

**RN:** EMDR Institute, Inc is a provider approved by the California Board of Registered Nursing, Provider #9755.

**NBCC:** EMDR Institute, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5558. Programs that do not qualify for NBCC credit are clearly identified. EMDR Institute, Inc. is solely responsible for all aspects of the program.

**ASWB:** EMDR Institute, provider #1206, is an approved provider for SW continuing education by the Association of SW Boards (www.aswb.org), through the Approved Continuing Education (ACE) program. EMDR Institute maintains responsibility for the program. ASWB Approval Period: 8/10/17-8/10/20. Social workers should contact their regulatory board to determine course approval for ce credits. Social workers participating in this course will receive 20 clinical social work ce clock hours.

**Florida CSWs, MFTs and MHcs:** The Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling recognizes EMDR Institute as a provider of continuing education. Provider Number 50-591.
Certificate of Training

VICTOR O OKORIE

has successfully completed a

Dialectical Behavior Therapy (DBT) Certificate Course

2-Day Intensive Training

May 17 & 18, 2018

offered by

PESI, Inc.

Jean Eich, PsyD, LP