## ADDENDUM to RFP # 2023-001VF: SUMMER PRIMETIME PROGRAMMING

RFP 2023-001VF has been amended to reflect the age of youth to be served to under twenty-one years of age rather than ages 5-21 (page 4, paragraph 1; page 8 Introduction and Scope of Work).



# **ERIE COUNTY**

# REQUEST FOR PROPOSAL (RFP) TO PROVIDE SUMMER PRIMETIME PROGRAMMING

RFP # 2023-001VF

**Erie County Department of Social Services** 

EDWARD A. RATH COUNTY OFFICE BUILDING 95 FRANKLIN STREET BUFFALO, NEW YORK 14202

## COUNTY OF ERIE, NEW YORK

## REQUEST FOR PROPOSALS ("RFP") # 2023-001VF

## TO PROVIDE SUMMER PRIMETIME PROGRAMMING

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## I. INTRODUCTION

The County of Erie, New York (the "County") is currently seeking proposals from qualified agencies ("Proposer") interested in providing youth development programming to at-risk youth under twenty-one years of age residing in Erie County. Proposers interested in providing this service are invited to respond to this request.

It is the County's intent to select the Proposer(s) that provides the best solution for the County's needs. Erie County Department of Social Services (ECDSS) is a trauma-informed organization and believes in the power of its principles when serving the citizens of Erie County. Erie County is committed to racial equity.

The County reserves the right to amend this RFP, reject any or all of the proposals, or any part thereof, submitted in response to this RFP, and reserves the right to waive any irregularities or informalities, if such action is deemed to be in the best interest of the County. The County reserves the right to request additional information from any Proposer, and to award negotiated contracts to one or more Proposers.

This RFP is not intended and shall not be construed to commit the County to pay any costs incurred in connection with any proposal or to procure or contract with any firm.

The County will only contract with firms that do not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship status or any other status protected by New York State and Federal laws.

## II. FUNDING AND BUDGET

A total of \$15,000 is potentially available per funding request for local not-for-profit agencies and local youth bureaus to provide community programming in 2023.

Programs requesting more than \$10,000 will be expected to provide services beyond the scope of the required criteria. This may include additional weeks of programming (more than six), additional hours or days of operations including weekends and/or evenings etc. All requests over \$10,000 must reasonably and explicitly describe appropriate utilization of additional resources.

Initial award and renewals are subject to inclusion of funding in the County Executive Recommended Budget and as adopted by the Erie County Legislature, as well as, contingent upon availability of New York State funds appropriated for this purpose. All contract appropriations are subject to Legislative approval. More than one provider may be selected for funding for 2023.

## III. PROPOSAL TIMEFRAMES

The following schedule is for informational purposes only. The County reserves the right to amend this schedule at any time.

Issue RFP:January 11, 2023RFP Informational Meeting:January 25, 2023 at 10:30 a.m. via Webex

Join from the meeting link

https://erie.webex.com/erie/j.php?MTID=mc6a6e17a15833a9f1a6eec2f3e7e4140

Join by meeting number Meeting number (access code): 2486 151 3246 Meeting password: RsVtHb69fD7

Tap to join from a mobile device (attendees only) +1716-858-2250,,24861513246## United States Toll (Buffalo) +1-415-655-0003,,24861513246## United States Toll

Join by phone +1 716-858-2250 United States Toll (Buffalo) +1-415-655-0003 United States Toll Global call-in numbers

Join by video system, application or Skype for business Dial 24861513246@webex.com You can also dial 173.243.2.68 and enter your meeting number.

Proposals Due:	February 8, 2023
Selection Made by:	End of June 2023
Contract Signed:	Following all necessary County approvals.

## IV. GENERAL REQUIREMENTS

- 1. Each proposal shall be prepared simply and economically avoiding the use of elaborate promotional materials beyond what is sufficient to provide a complete, accurate and reliable presentation.
- 2. Your proposal must be comprised of 3 sections:

#### Appendix A

- Proposal to Provide Service
- Signed Schedule A
- References and data from similar work (For agencies not contracted with ECDSS to provide Summer Primetime Programming in 2022)

#### Appendix B

- Signed Fiscal Form
- Budget Forms

#### Appendix C

- Most recent Audit report prepared by an independent CPA
- Most recent Management Letter
- Listing of Officers and Board of Directors
- 3. Proposals MUST be signed using the attached Schedule A: Proposer Certification. Unsigned proposals will be rejected.
- 4. Submission of the proposals shall be uploaded as three separate documents (Appendix A, B and C) to: OnBase Unity Form.
- If unable to upload the proposal, a printed submission may be submitted to: Erie County Department of Social Services, Attn: Carrie Godfrey, 95 Franklin Street Room 804, Buffalo, NY 14202. All proposals must be submitted on or before February 8, 2023 at 4:00 p.m. Proposals received after the above date and time will not be considered. The County is under no obligation to return proposals.
- 6. Requests for clarification of this RFP must be written and submitted to Carrie Godfrey at the above address, or at Carrie.Godfrey@erie.gov no later than 4:00 pm on January 23, 2023. A list of questions and answers will be posted on the County website by January 27, 2023, if applicable. No communications of any kind will be binding against the county, except for the formal written responses to any request for clarification.
- 7. Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal. Those Proposers will be notified to arrange specific times.
- 8. No proposal will be accepted from nor any agreement awarded to any Proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any Proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.
- 9. Information on the Standard Insurance Provisions required of agencies selected as a contractor of this service is included in this RFP. This document is for informational purposes only, and is not to be submitted by the Proposer for the purposes of this RFP.
- 10. All potential contract-holders with Erie County shall agree to comply with Executive Order 13 (2014), and the Agency shall make such records available, upon request, to the County's Division of Equal Employment Opportunity for review. (A copy of Executive Order 13 is available here: Executive Order 13). All contract holders will be required to sign the Erie County Equal Pay Certification (attached). The County shall have the right, upon reasonable notice and at reasonable times, to inspect the books and records of the Agency, its offices and facilities, for the purpose of verifying information supplied in the Erie County Equal Pay Certification and for any other purpose reasonably related to confirming the Agency's compliance with Erie County Executive Order No. 13 (2014). Violation of the provisions of

Executive Order 13 (2014), which is attached hereto and made a part hereto and made a part hereof, can constitute grounds for the immediate termination of a contract, and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.

- 11. All potential contract-holders with Erie County shall agree to comply with New York Executive Order 38 and 18 CRR-NY 409.1. All contract holders will be required to submit a completed EO 38 Disclosure form for each reporting period. By Executive Order 38 from the NYS Governor and the Erie County Executive, administrative costs may not exceed 15% of the requested funds.
- 12. Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE) proposers shall include the Erie County MBE/WBE Certification letter with their proposal.
- 13. Proposers who operate a Veteran-Owned Business shall include the letter indicating their company is 51% or more veteran-owned with their proposal.
- 14. All proposers must disclose the name, title, and department of any employee or officer who is or was an employee or officer of Erie County within the 12 months immediately prior to the proposal.
- 15. If requested, proposers must provide a list of at least three references from community partners and collaborators or an individual with knowledge of and experience with the specific services being offered.
- 16. All proposers must provide a list of all prime contractors and subcontractors that their agency does business with related to the service in this RFP.
- 17. All proposers must include the name of their Language Access Coordinator. A copy of your Language Access Policy is required at contracting.
- 18. All proposers must include the name of their Americans with Disabilities Act (ADA) Coordinator. A copy of a written ADA policy is required at contracting.

## V. SCOPE OF PROFESSIONAL SERVICES REQUIRED

## INTRODUCTION

The purpose of this request is to solicit applications to the Erie County Youth Bureau for 2023 Summer Primetime Programming. These awards are designed to promote positive youth development, prevent summer learning loss, and address long-term juvenile delinquency prevention within Erie County. As a trauma-informed organization, ECDSS incorporates the five principles of trauma informed care (collaboration, safety, trustworthiness, empowerment, and choice) throughout its services to promote resilience and healing. The mission of the Erie County Youth Bureau is to serve youth and families through positive youth development, advocacy, delinquency prevention and intervention programs that strengthen families and communities. All grants are appropriated by the Erie County Youth Bureau and Department of Social Services, and awarded to local applicants targeting 'at risk' youth under twenty-one years of age.

Eligible applicants are local youth bureaus/recreation departments in Erie County providing services to atrisk youth in the targeted age group. Organizations not part of a unit of local government must have their own 501(c)(3) status; use of other organizations' 501(c)(3) status as a "pass through" is not permitted. Charter schools may not apply; however, programs may take place at charter schools, provided that they are run by an eligible applicant. "Drop-in" programs are not allowed. Only one proposal per agency is permitted.

## HISTORY AND CONTEXT

The mission of the Erie County Youth Bureau is to serve youth and families through positive youth development, advocacy, delinquency prevention and intervention programs that strengthen families and communities.

The primary purpose of Summer Primetime funding is to support out-of-school time opportunities for youth during the high-risk summer months. Primetime has been provided each year for at least the last decade. Anywhere from 50-65 organizations have been supported by Primetime in previous years.

## SCOPE OF WORK

Due to the limited amount of funding available, ONLY programs providing the below listed services as defined by the <u>OCFS Life Areas Coding Document</u> will be considered for funding. It is encouraged that all applicants utilize current research and best practice in any and all program design.

- Work Readiness Supports
- Year/Round Seasonal Activities
- Career Development Supports
- Healthy Lifestyles
- Life Skill Supports
- Academic Support Services
- Alcohol and Substance Abuse Prevention
- Youth Leadership/Empowerment Opportunities
- Juvenile Delinquency Prevention Services

When selecting a service category please refer to the specific program components and associated performance measures listed in the coding document, as all funded programs shall report the identified outcome measurements at the end of the award year. A clear plan on how this data will be captured will help ensure later success.

"At-Risk Youth" shall be described as any Erie County youth under twenty-one years of age and described as one or more of the following:

- Living within a family below 200% of federal poverty line
- At risk of becoming Persons In Need of Supervision (PINS)
- Juvenile delinquents or youth charged with committing a crime
- Victims of child abuse, domestic violence, maltreatment and/or neglect

- Exhibiting self-destructive behavior
- School dropouts
- Youth in need of safe places, caring adults &/or structured activities
- Youth with three or more hours of idle time per day
- Lack of parental support or positive role model
- Homeless youth or youth who has run away from home
- Considered for placement outside the home

## **GENERAL REQUIREMENTS:**

Successful proposers will:

- Run said program from June 26th through September 1, 2023. This is the equivalent of ten weeks. Programs are required to run for a minimum of six weeks during said time period.
- Be monitored unannounced during the course of the program period, in order to ensure safety and programmatic/fiscal accountability.
- Attend specified trainings, as directed by the Erie County Youth Bureau.
- Complete and submit 2023 Summer Primetime program budget included in this application packet.
- Procure and maintain in force, for the duration of any contract, such insurance as is deemed appropriate by the Erie County Department of Social Services in types and in such amounts as are specified in the Erie County Standard Insurance Certificate, which shall be completed and signed by the Contractor's insurance company prior to contract execution. Said certificate need not be submitted with the proposal but will be required prior to contract execution and payment for services.
- Manage and retain a skilled and appropriately educated workforce.
- Maintain regular communication with ECDSS in a timely manner.
- Provide culturally appropriate services to individuals with special needs; i.e. disabilities, language and cultural barriers, etc., including language translation services, which can be included in budgeted direct operating costs.
- Manage funds from a government funding source and maintain billing systems.
- Submit required data and abide by designated documentation regulations in a timely manner, as
  instructed, by County in order to claim reimbursement for services, including the Erie County Youth
  Bureau Community Optional Preventive Services (COPS) report, the Erie County Youth
  Bureau/NYS Touchstones Primetime Report, and required financial reports and backup expenditure
  information.

## COMPENSATION

- Unit of service: youth participant
- Once contracts are executed, we attempt to process advance payments as quickly as possible. Expense reports and backup documentation is due at the conclusion of programming.

## VENDOR EXPERIENCE AND QUALIFICATIONS

- Provide a Solution Focused Trauma Informed Care environment incorporating the five principles of collaboration, safety, trustworthiness, empowerment, and choice throughout services to promote resilience and healing.
- Ensure policies, practices, systems, and structures improve outcomes for everyone, prioritizing measurable change in the lives of people of color to eliminate racial disparities and promote racial equity.
- Demonstrate knowledge, experience and understanding of the needs, risks, challenges and opportunities faced by the target population, as well as demonstrate experience in effectively implementing programs that promote positive client outcomes.
- 501(c)3 or local municipal youth bureaus

## PERFORMANCE MEASURES AND DATA COLLECTION

Completion and submission to the Erie County Youth Bureau of the Community Optional Preventive Services (COPS) report & the Erie County Youth Bureau/NYS Touchstones Primetime Report by September 15, 2023.

## VI. STATEMENT OF RIGHTS

## UNDERSTANDINGS

<u>Please take notice</u>, by submission of a proposal in response to this request for proposals, the Proposer agrees to and understands:

- that any proposal, attachments, additional information, etc. submitted pursuant to this Request for Proposals constitute merely a suggestion to negotiate with the County and is not a bid under Section 103 of the New York State General Municipal Law;
- submission of a proposal, attachments, and additional information shall not entitle the Proposer to enter into an agreement with the County for the required services;
- by submitting a proposal, the Proposer agrees and understands that the County is not obligated to respond to the proposal, nor is it legally bound in any manner whatsoever by submission of same;
- that any and all counter-proposals, negotiations or any communications received by a proposing entity, its officers, employees or agents from the County, its elected officials, officers, employees or agents, shall not be binding against the County, its elected officials, officers, employees or agents unless and until a formal written agreement for the services sought by this RFP is duly executed by both parties and approved by the Erie County Legislature and the Office of the Erie County Attorney.

In addition to the foregoing, by submitting a proposal, the Proposer also understands and agrees that the County reserves the right, and may at its sole discretion, to exercise the following rights and options with respect to this Request for Proposals:

- To reject any or all proposals;
- To issue amendments to this RFP;
- To issue additional solicitations for proposals;
- To waive any irregularities or informalities in proposals received after notification to Proposers affected;
- To select any proposal as the basis for negotiations of a contract, and to negotiate with one or more of the Proposers for amendments or other modifications to their proposals;
- To conduct investigations with respect to the qualifications of each Proposer;
- To exercise its discretion and apply its judgment with respect to any aspect of this RFP, the evaluation of proposals, and the negotiations and award of any contract;
- To enter into an agreement for only portions (or not to enter into an agreement for any) of the services contemplated by the proposals with one or more of the Proposers;
- To select the proposal that best satisfies the interests of the County and not necessarily on the basis of price or any other single factor;
- To interview the Proposer(s);
- To request or obtain additional information the County deems necessary to determine the ability of the Proposer;
- To modify dates;
- All proposals prepared in response to this RFP are at the sole expense of the Proposer, and with the express understanding that there will be no claim, whatsoever, for reimbursement from the County for the expenses of preparation. The County assumes no responsibility or liability of any kind for costs incurred in the preparation or submission of any proposal;
- While this is an RFP and not a bid, the County reserves the right to apply the case law under General Municipal Law § 103 regarding bidder responsibility in determining whether a Proposer is a responsible vendor for the purpose of this RFP process;

• The County is not responsible for any internal or external delivery delays, which may cause any proposal to arrive beyond the stated deadline. To be considered, proposals MUST arrive at the place specified herein and be time-stamped before the deadline.

### **EVALUATION**

The following criteria, not necessarily listed in order of importance, will be used to review the proposals. The County reserves the right to weigh its evaluation criteria in any manner it deems appropriate:

- A determination that the Proposer has submitted a complete and responsive proposal as required by this RFP.
- Proposers MUST sign the Proposal Certification attached hereto as Schedule "A". Unsigned proposals will be rejected.
- The Proposer's demonstrated capability to provide the services.
- Evaluation of the professional qualifications and experience of program staff.
- The Proposer's experience in performing the proposed services.
- The Proposer's financial ability to provide the services.
- Evaluation of the Proposer's fee submission. It should be noted that while price is not the only consideration, it is an important one.
- An evaluation of the Proposer's projected approach and plans to meet the requirements of this RFP.
- Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal. Any information shared by the Proposer's presentation will be considered while scoring.
- No proposal will be accepted from nor any agreement awarded to any Proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any Proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.

### **EVALUATION PROCESS**

Each proposal will undergo an initial administrative review for completeness. In order for a proposal to be evaluated, it must include all required documents. Upon completion of the administrative review, and at the sole discretion of the Commissioner, the Department will request any missing documentation from the Proposer, and will review all documents for completeness upon receipt of the missing documents. All required documents for a complete proposal, as set forth in this RFP, must be submitted and be completed to the satisfaction of the Department within forty-eight (48) hours of request in order for the proposal to be deemed responsive and eligible for Contract award.

Complete proposals will be judged by a scoring committee. The scoring committee will consist of Department of Social Services employees and experienced individuals from outside the Department. The proposal should be written so as to clearly articulate the services provided to someone not familiar with service delivery.

The proposals will be scored based on the overall proposal, population and goals, program plan, performance measurement, trauma informed, program staffing, accessibility plans, infrastructure, collaboration, experience, MWBE utilization, compliance with RFP requirements and fiscal components.

## CONTRACT

After selection of the successful Proposer, a formal written contract will be prepared by the County and will not be binding until signed by both parties and, if necessary, approved by the Erie County Legislature, the Erie County Fiscal Stability Authority and the Office of the County Attorney. NO RIGHTS SHALL ACCRUE TO ANY PROPOSER BY THE FACT THAT A PROPOSAL HAS BEEN SELECTED BY THE COUNTY

FOR SUBMISSION TO THE ERIE COUNTY LEGISLATURE AND/OR IF NECESSARY THE ERIE COUNTY FISCAL STABILITY AUTHORITY FOR APPROVAL. THE APPROVAL OF SAID LEGISLATURE AND/OR AUTHORITY MAY BE NECESSARY BEFORE A VALID AND BINDING CONTRACT MAY BE EXECUTED BY THE COUNTY.

<u>The contract will include the submitted proposal and any subsequent agreement with the Department to</u> <u>service provision.</u> The award period will be for a one-year term, with the option to renew for additional terms, subject to annual contract renewal, contingent upon the Proposer's successful implementation of the program, data collection, monitoring, goal attainment, and compliance with required reporting. Initial award and renewals are subject to inclusion of funding in the County Executive Recommended Budget and as adopted by the Erie County Legislature, as well as, contingent upon availability of New York State funds appropriated for this purpose.

## INDEMNIFICATION AND INSURANCE

The Proposer accepts and agrees that language in substantially the following form will be included in the contract between the Proposer and the County:

"In addition to, and not in limitation of the insurance requirements contained herein the Proposer agrees:

(a) that except for the amount, if any, of damage contributed to, caused by or resulting from the negligence of the County, the Proposer shall indemnify and hold harmless the County, its officers, employees and agents from and against any and all liability, damage, claims, demands, costs, judgments, fees, attorneys' fees or loss arising directly or indirectly out of the acts or omissions hereunder by the Proposer or third parties under the direction or control of the Proposer; and (b) to provide defense for and defend, at its sole expense, any and all claims, demands or causes of action directly or indirectly arising out of this Agreement and to bear all other costs and expenses related thereto.

Upon execution of any contract between the Proposer and the County, the Proposer will be required to provide proof of the applicable insurance coverage.

Insurance coverage in amount and form shall not be deemed acceptable until approved by the County Attorney.

### INTELLECTUAL PROPERTY RIGHTS

The Proposer accepts and agrees that language in substantially the following form will be included in the contract between the Proposer and the County:

All deliverables created under this Agreement by the Proposer are to be considered "works made for hire". If any of the deliverables do not qualify as "works made for hire", the Proposer hereby assigns to the County all right, title and interest (including ownership of copyright) in such deliverables and such assignment allows the County to obtain in its name copyrights, registrations and similar protections which may be available. The Proposer agrees to assist the County, if required, in perfecting these rights. The Proposer shall provide the County with at least one copy of each deliverable.

The Proposer agrees to defend, indemnify, and hold harmless the County for all damages, liabilities, losses and expenses arising out of any claim that a deliverable infringes upon an intellectual property right of a third party. If such a claim is made, or appears likely to be made, the Proposer agrees to enable the County's continued use of the deliverable, or to modify or replace it. If the County determines that none of these alternatives is reasonably available, the deliverable will be returned.

All records compiled by the Proposer in completing the work described in this Agreement, including but not limited to written reports, source codes, studies, drawings, blueprints, negatives of photographs, computer printouts, graphs, charts, plans, specifications and all other similar recorded data, shall become and remain the property of the County. The Proposer may retain copies of such records for its own use.

NOTE: All contracts executed by the Erie County Department of Social Services will be posted electronically on the Department's website.

### **NON-COLLUSION**

The Proposer, by signing the proposal, does hereby warrant and represent that any ensuing agreement has not been solicited, secured or prepared directly or indirectly, in a manner contrary to the laws of the State of New York and the County of Erie, and that said laws have not been violated and shall not be violated as they relate to the procurement or the performance of the agreement by any conduct, including the paying or the giving of any fee, commission, compensation, gift, gratuity or consideration of any kind, directly or indirectly, to any County employee, officer or official.

## CONFLICT OF INTEREST

All Proposers must disclose with their proposals the name of any officer, director or agent who is also an employee of the County. Further, all Proposers must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent (10%) or more in the firm or any of its subsidiaries or affiliates.

There shall be no conflicts in existence during the term of any contract with the County. The existence of a conflict shall be grounds for termination of a contract.

### **COMPLIANCE WITH LAWS**

By submitting a proposal, the Proposer represents and warrants that it is familiar with all federal, state and local laws and regulations and will conform to said laws and regulations. The preparation of proposals, selection of Proposers and the award of contracts are subject to provisions of all Federal, State and County laws, rules and regulations.

## **CONTENTS OF PROPOSAL**

The New York State Freedom of Information Law as set forth in Public Officers Law, Article 6, Sections 84 et seq., mandates public access to government records. However, proposals submitted in response to this RFP may contain technical, financial background or other data, public disclosure of which could cause substantial injury to the Proposer's competitive position or constitute a trade secret. Proposers who have a good faith belief that information submitted in their proposals is protected from disclosure under the New York Freedom of Information Law shall: a) insert the following notice in the front of its proposal:

### **"NOTICE**

The data on pages \_\_\_\_\_ of this proposal identified by an asterisk (\*) contains technical or financial information constituting trade secrets or information the disclosure of which would result in substantial injury to the Proposer's competitive position.

The Proposer requests that such information be used only for the evaluation of the proposal, but understands that any disclosure will be limited to the extent that the County considers proper under the law. If the County enters into an agreement with this Proposer, the County shall have

# the right to use or disclose such information as provided in the agreement, unless otherwise obligated by law."

#### <u>and</u>

b) clearly identify the pages of the proposals containing such information by typing in bold face on the top of each page " \* THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE STATE FREEDOM OF INFORMATION LAW."

The County assumes no liability for disclosure of information so identified, provided that the County has made a good faith legal determination that the information is not protected from disclosure under applicable law or where disclosure is required to comply with an order or judgment of a court of competent jurisdiction.

The contents of the proposal which is accepted by the County, except portions "Protected from Disclosure", may become part of any agreement resulting from this RFP.

### EFFECTIVE PERIOD OF PROPOSALS

All proposals must state the period for which the proposal shall remain in effect (i.e. how much time does the County have to accept or reject the proposal under the terms proposed). Such period shall not be less than one hundred eighty (180) days from the proposal date.

(For Informational Purposes Only)

## ERIE COUNTY EQUAL PAY CERTIFICATION

In order to comply with Executive Order 13 dated November 6, 2014, we hereby certify that we are in compliance with federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together " Equal Pay Law"). We understand that this certification is a material component of this contract. Violation of the provisions of Executive Order 13, which is attached hereto and made a part hereof, can constitute grounds for the immediate termination of this contract and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.

We have evaluated wages and benefits to ensure compliance with the Equal Pay Law. We certify that we have not been the subject of an adverse finding under the Equal Pay Law within the previous five years and, in the alternative, if we were the subject of an adverse finding under the Equal Pay Law within the previous five years, we have annexed a detailed description of the finding(s). In addition, we have annexed a detailed description of any currently pending claims under the Equal Pay Law in which we are involved.

**Contractor Signature** Verification STATE OF \_\_\_\_\_ ) COUNTY OF \_\_\_\_\_ ) SS: A) \_\_\_\_\_, being duly sworn, states he or she is the owner of (or a partner in) \_\_\_\_\_, and is making the foregoing Certification and that the statements and representations made in the Certification are true to his or her own knowledge. OR B) \_, being duly sworn, states that he or she is the \_\_\_\_\_\_, of \_\_\_\_\_\_, the enterprise making the foregoing Certification, that he or she has read the Certification and knows its contents, that the statements and representations made in the Certification are true to his or her own knowledge, and that the Certification is made at the direction of the Board of Directors of the Corporation. - Notary Stamp Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Notary Public

## GUIDELINES FOR STANDARD INSURANCE PROVISIONS REQUIRED

(for Informational Purposes Only)

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	MATTER TIVELY O URANCE ND THE C	R NEGATIVELY AMEND DOES NOT CONSTITUT CERTIFICATE HOLDER.	Y AND CONFERS D, EXTEND OR AL TE A CONTRACT	NO RIGHTS I TER THE CO BETWEEN T	JPON THE CERTIFICAT VERAGE AFFORDED E HE ISSUING INSURER(	SY THE S), AUT	POLICIES
IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endor	, certain	policies may require an e					
PRODUCER			CONTACT				
			PHONE (A/C No. Ext) EMAIL		FAX A/C No:		
			ADDRESS				
			PRODUCER CUSTOMER ID #:				
				ISURER(S) AFFOI			NAIC #
INSURED			INSURER A:				
			INSURER B:				
			INSURER C:				
			INSURER D:				
			INSURER E:				
			INSURER F:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF INSU EQUIREMI PERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEEN ISSUED T NOF ANY CONTRAC DED BY THE POLICI BEEN REDUCED BY	T OR OTHER I ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO W D ALL TH	HICH THIS
TR TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP MM/DD/YYYY)	LIMIT	1	
GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$	
COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	\$	
CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$	
	-				PERSONAL & ADV INJURY	\$	
	-				GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS COMP/OP AGG	\$	
						\$	
		-			COMBINED SINGLE LIMIT		
ANY AUTO					(Ea accident)	S	
ALL OWNED AUTOS					BODILY INJURY (Per person)	\$	
SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
HIRED AUTOS						\$	
NON-OWNED ACTOS						\$	
UMBRELLA LIAB		-		-		\$	
					EACH OCCURRENCE		
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DEDUCTIBLE						\$	
RETENTION \$					WC STATU OTH	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					TORY LIMITS- ER-	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
If yes describe under DESCRIPTION OF OPERATIONS below					E.L.DISEASE - POLICY LIMIT	\$	
L DESCRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (Attac	h ACORD 101, Additional Remark					
CERTIFICATE HOLDER			CANCELLATION				
County of Erie					ESCRIBED POLICIES BE C		
95 Franklin St			THE EXPIRATION			BE DELIN	JERED IN
			ACCORDANCE W	I I I I I I I I I I I I I I I I I I I	TEROVISIONS.		
Buffalo NY, 14202			AUTHORIZED REPRES	ENTATIVE			
X. FOR COUNTY USE ONLY: Na	masto	inter Dent December 2	ifiaata				
		inty Dept. Requesting Cert der or Contact Number	incate				
Pu	rchase Or	der or Contact Number					

Vendor Insurance Classification

#### INSTRUCTIONS FOR COUNTY OF ERIE STANDARD INSURANCE CERTIFICATE

- I. Insurance shall be procured and certificates delivered before commencement of work or delivery of merchandise or equipment.
- II. CERTIFICATES OF INSURANCE
  - A. Shall be made to the "County of Erie, 95 Franklin St, Buffalo NY, 14202"
  - B. Coverage must comply with all specifications of the contract.
  - C. Must be executed by an insurance company, agency or broker, which is licensed by the Insurance Department of the
  - State of New York. If executed by a broker, notarized copy of authorization to bind or certify coverage must be attached.
- III. Forward the completed certificate to: County of Erie, (Department or Division) responsible for entering into the agreement for construction, purchase, lease or service.

#### IV. Minimum coverage with limits are as follows:

Vendor Classification	A Construction and Maintenance	B Purchase or Lease of Merchandise or Equipment	C Professional Services	D Property Leased To Others Or Use Of Facilities Or Grounds	E Concession- aires Services	F Livery Services	G All Purposes Public Entity Contracts
Commercial Gen. Liab.	\$1,000,000 per occ.	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000	\$1,000,000 CSL	\$1,000,000	\$1,000,000 CSL
General Aggregate	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Products Completed Operations Liability	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Blanket Broad Form Contractual Liability	INCLUDE						
Contractual Liability		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Broad Form P.D.	INCLUDE						
X.C.U. (explosion, collapse, Underground)	INCLUDE						
Liquor Law				INCLUDE	INCLUDE		
Auto Liab.	\$1,000,000 CSL		\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL
Owned	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Hired	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Non-Owned	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Excess/Umbrella Liab.	\$5,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$5,000,000	\$1,000,000
Worker's Compensation	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY
& Employer's Liability			-				
Disability Benefits	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY
Professional Liability			\$5,000,000				
Erie County, To Be Named Add'l Insd.	Gen. Liab., Auto Liab., & Excess	Broad Form Vendors May Be Required	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess

V. Construction contracts require excess Umbrella Liability limits of \$5,000,000.

VI Coverage must be provided on a primary-non contributory bases.

VII. Designated Construction Project General Aggregate Limit Per Project Endorsement CG 25 03 is required.

In the event the concessionaire is required to have a N.Y.S. license to dispense alcoholic beverages an endorsement for liquor liability is VIII. required.

IX. Waiver of Subrogation: Required on all lines unless noted

X Transportation of people in buses, vans or station wagons requires \$5,000,000 excess liability.

XI. Workers Compensation: State Workers' Compensation / Disability Benefits Law Use Applicable Certificates Below:

Workers Compensation Forms

CE-200	Exemption
C105.2	Commercial Insurer
SI-12	Self Insurer
GSI-105.2	Group Self Insured
U-26.3	New York State Insurance Fund

DBL (D	isability Benefits Law) Forms
CE-200	Exemption
DB-120.1	Insurers
DB-155	Self Insured

XII. The "ACORD" form certificate may be used in place of the County of Erie Standard Insurance Certificate, provided that all of the above referenced requirements are incorporated into the "ACORD" form certificate.

Edition Date: 7/23/2012

Page 1 of 1

## PROPOSAL REQUIREMENTS

In order for Proposers to be considered for an award, the terms, conditions and instructions contained in this RFP and attachments must be met. Any proposals which do not meet these criteria may be considered non-responsive. Currently funded programs must re-apply in order to be considered for continued funding.

Your proposal <u>must</u> be comprised of 3 sections, presented as separate documents:

- Appendix A
  - Proposal to Provide Service
  - Signed Schedule A
  - For agencies not contracted with ECDSS to provide the requested service in 2022, please provide data from similar work demonstrating the agency's ability to:
    - review outcomes and meet performance measures
    - maintain adequate staffing levels with trained staff
    - meet required timeframes
    - demonstrate leadership and proactive involvement in planning procedures
    - communicate within the agency and with ECDSS
    - understand laws and meet regulatory expectations

For agencies contracted in 2022, performance reviews will be considered in the review.

- Appendix B
  - Signed Fiscal Form
  - Budget Forms
- Appendix C
  - Most recent Audit report prepared by an independent CPA
  - Most recent Management Letter (If not available, the latest tax return may be submitted in lieu of the audit report and/or management letter.)
  - Listing of Officers and Board of Directors

Electronic versions of Appendix A and B are available on the Erie County Department of Social Services (ECDSS) Youth Services website at : <u>https://www3.erie.gov/youthservices/summer-primetime-programming</u>

Please note: Indirect Administrative Costs must be itemized or a copy of your Federal Indirect Cost Rate must be attached.

By application, you certify that your agency can provide the following documentation at any time during the course of the selection process: (You do not need to provide it now, only if asked.)

- Proof of 501(c)(3) status, if applicable.
- Agency's most recent organizational chart and a letter of support signed by the CEO and the Board President.
- Resumes for all program staff (associated with the proposed service), including administrators, program supervisors, direct service staff and aides.
- References or letters of testimony from other agencies for whom you have provided this or a similar service, with contact information.

Applications are expected to comply with stated guidelines including but not limited to desired program outcomes identified in the Request for Proposal (RFP). It will be the responsibility of the applicant to submit proposals consistent with the RFP requirements. By applying, your agency asserts that the Request for Proposal document has been reviewed in its entirety and that, if selected, the agency will abide by the conditions for funding set forth therein.



**RFP APPENDIX A: Proposal to Provide Service** 

Department of Social Services RFP#2023- 001VF

# <u>All fields must be completed.</u> If not applicable, list "N/A". Incomplete proposals may be considered non-responsive.

#### AGENCY INFORMATION

(If submitting electronically, this information will be completed upon upload) Official Agency Name Agency Name -List another name if used. Agency Telephone Number Agency Mailing Address City State Zip Website address (if applicable) Leadership - List the name of your agency's Chief Executive Officer, Executive Director, or President. Leader's E-mail Address Contact Person for proposal Contact Person's Telephone Number Contact Person's E-mail Address 501(c)(3) not-for-profit entity Yes No Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE) Yes 🗌 No Subcontractors - List all subcontractors that your agency does business with related to this service. Amount of Funding Request to ECDSS for this proposed contract \$ Unit of Service for this proposal (e.g.: hour): Number of units to be served Cost per unit of service for this proposal (county funding + in-kind)/# units:

#### **RFP** Appendix A: Proposal to Provide Service



RFP Appendix A: Proposal to Provide Service Department of Social Services RFP#2023- 001VF

Agency Name - List the official name of your organization.

Federal Employer ID# (FEIN) - Please provide your agency's Employer Identification Number.

**DUNS # -** List your DUNS (data universal number system) Number assigned by Dun & Bradstreet, if applicable.

**501(c)(3)** not-for-profit entity - If non-profit, please provide date established as 501(c)(3).

Language Access Coordinator – List the name of the designated Language Access Coordinator.

**ADA Coordinator –** List the name of the designated ADA Coordinator.

Erie County Employees - Name, title, and department of any employee or officer who was an employee or officer of Erie County within the 12 months immediately prior to the proposal.

Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE) Certification Letter attached

Letter indicating agency is 51% or more veteran-owned attached

### PROGRAM INFORMATION

#### **Start of Program Operations**

Describe your agency's ability to implement and staff the program in a timely manner, including provision of services, effective the date noted in the RFP.

#### **Program Summary**

Provide a brief summary description of the program including the agency and program name, organizational mission, population served, and key program features.

### **TARGET POPULATION SERVED & GOALS**

#### Description

Identify the target population, geographic areas to be served (by zip code and legislative district) and capacity for service. Please include a realistic estimate of total number and demographics of youth to be served as well as your youth retention rate based on last year's activities.

### **Special Populations**

Describe any specialized services and resources, including accommodation of those with special needs, language translation and cultural differences.

#### Capacity

Indicate the proposed number of individuals or families to be served at a given time, the total number of individuals or families to be served in a year, as well as an explanation as needed. Include what strategies will be used to attract and retain participants, and how attendees will be tracked.

Number of individuals or families to be served at a given time:

Total number of individuals to be served in a year:

Total number of families to be served in a year:

#### Experience

Describe experience agency has working with the target population, and reasons it is equipped to assist this group.

### CULTURAL COMPETENCY

#### **Racial Equity, Diversity and Inclusion**

Describe how racial equity is promoted and methods implemented to increase awareness, attitude, knowledge, and skills so as to prioritize measurable change in the lives of people of color.

Describe what group(s) has experienced disparities related to this program and whether their thoughts and knowledge are included in the program design. If so, how and if, not why.

Explain whether the program produces any intentional benefits or unintended consequences for the population impacted.

Describe whether the program results in a systemic change that addresses institutional racism.

## PROGRAM PLAN

#### Program Design

Please provide a program narrative that contains the following information:

- How will the program service youth in high-need and underserved neighborhoods and what specific elements of the program will target the needs of this population?
- How will the program seek to engage and partner with the surrounding community? In what ways will this engagement serve to mutually benefit and strengthen both the agency and community?
- Will enriching or educational field trips will be provided?
- Staff-to-participant ratio.

#### **Program History**

Please explain if this is a pilot program. If not, please describe how long this program has been operating.

#### Availability

Provide information about your days and hours of service of program delivery. Please attach a program calendar and schedule.

Additional programming:

The program will be offered during evening hours and/or weekends

The programming will be offered for more than six weeks

#### Location(s) of Service

Provide information for all program locations including any satellite locations where you operate.

### Process

Describe the criteria and process for serving referred individual(s), include intake and termination protocols.

#### Safety

Provide information regarding security protocols, sign-out policy, visitor policy, and any other information related to your program safety plan, including location of all evacuation plans and schedule of file drills, etc.

#### Collaboration

Discuss any partnerships or networks that are used to meet your program participant needs. Describe specific partnerships, such as Say Yes Buffalo or Erie County Summer Youth Employment, if applicable.

#### **Program Difference**

Provide any other information that you feel would distinguish your agency's approach to the delivery of the requested services, including any prior experiences and successes.

## PERFORMANCE MEASUREMENT

Due to limited amount of funding available, only progr					
the OCFS Life Areas Coding Document (OCFS-5003/OCFS-5003A) will be considered for funding.					
Instructions: Choose 1 or 2 Life Area(s), 1 Service Opportunities and Supports Services for each					
Life Area and 1 Performance Measure in each catego					
to target. Agencies are required to report on the perfo	rmance measures listed below at the end of				
the contract period.					
1ES: Life Area: Economic Security					
<b>11 Goal:</b> Youth will be prepared for their eventual eco	onomic self-sufficiency.				
<u>Objective</u> (Choose 1):					
	npetencies to enter college, the work force or other				
meaningful activities. 112 Young adults who can work will have op	phortunities for employment				
113 Youth seeking summer jobs will have er					
Services Opportunities and Supports Services	Performance Measures				
(Choose 1):	How Much:				
0119 Employment Opportunities	0119A.1 # of youth in the program				
	(unduplicated)				
	How Well (Choose 1):				
	0119B.1 % of employers retained from the				
	previous year				
	0119B.2 % of staff with training and/or				
	certification in employment services				
	0119B.3 % of teens that report being supported by staff				
	Better Off (Choose 1):				
	$\square$ 0119C.1 #/% of youth remaining in the job				
	after completing the work program				
	$\Box$ 0119C.2 #/% of youth receiving a positive				
	evaluation in the following areas:				
	promptness, quality of work, attitude, attire				
	0119C.3 #/% of youth with improved work skills				
0120 Work Readiness Skills	How Much:				

0120A.1 # of youth enrolled in the program

		(unduplicated) How Well (Choose 1):			
		0120B.1 #/% of staff with training and/or certification in teaching work readiness skills			
		0120B.2 % of teens that report being			
		supported by staff Better Off (Choose 1):			
		0120C.1 #/% of youth obtaining a job			
		0120C.2 #/% of youth with improved workplace readiness skills			
0121	Career Development Supports	How Much: 0121A.1 # of youth enrolled in the program (unduplicated)			
		How Well (Choose 1):			
		0121B.1 % of youth who completed the program			
		0121B.2 % of youth reporting satisfaction with the program			
		Better Off (Choose 1):			
		0121C.1 #/% of youth with increased understanding of career interests			
		0121C.2 #/% of youth with defined career			
		occupational objectives 0121C.3 #/% of youth who can name one skill			
		they learned in the program			
0122	College Exploration & Readiness	How Much:          0122A.1       # of youth enrolled in the program			
		(unduplicated)			
		How Well: <ul> <li>0122B.1 #/% of youth reporting satisfaction</li> </ul>			
		with the program			
		Better Off (Choose 1): 0122C.1 #/% of youth that have selected a			
		college, technical school or career path 0122C.2 #/% of youth with increased skills in			
		college interviewing and test taking			
0123	Life Skills Supports	How Much:          0123A.1       # of youth enrolled in the program			
		(unduplicated)			
		How Well: <ul> <li>0123B.1 #/% of youth utilizing a life skills</li> </ul>			
		assessment tool			
		0123B.2 #/% of youth attending all sessions of the program			
		Better Off:			
		0123C.1 #/% of youth demonstrating an increase in life skills			
2PEH:Life Area: Physical and Emotional Health 21 Goal: Children and youth will have optimal physical and emotional health.					

l

### **RFP Appendix A: Proposal to Provide Service**

<u>Object</u>	Objective (Choose 1):					
	211	Child	lren and youth will be physically fit	t.		
	212 Children and youth will be emotionally healthy.					
	213			, ealth risk behaviors (e.g., smoking, drinking,		
			, tance abuse, unsafe sexual activity			
	214		· · · ·	due to mental illness, developmental disabilities		
		and/	or substance abuse problems will	have access to timely and appropriate services.		
<u>Service</u>	es Opj	oortun	ities and Supports Services	Performance Measures		
(Choos	se 1):			How Much:		
		0231	Alcohol and Substance Abuse	0231A.1 # of youth participating		
			Prevention Services	(unduplicated)		
				How Well (Choose 1):		
				0231B.1 % of programs or activities assessed		
				using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving		
				an above average score (such as PQA score of		
				3.0 or higher)		
				0231B.2 % of youth completing the program		
				Better Off (Choose 1):		
				0231C.1 #/% of youth free of alcohol or		
				substance abuse for 6 months (for programs		
				having a duration of longer than one sessions).		
				0231C.2 #/% of youth without repeated		
				Juvenile Justice contact for 6 months after the		
				program (for youth with current involvement		
				with the Juvenile Justice system (PINS, Etc.)		
				0231C.3 #/% of youth with reduced numbers of school disciplinary incidents for substance use		
				(for youth with school disciplinary incidents for		
				substance abuse)		
		0232	Year Round/Seasonal Activities	How Much: O232A.1 # of youth participating		
				(unduplicated)		
				How Well (Choose 1):		
				0232B.1 Staff, volunteer or adult to youth		
				ratio. (e.g. if there are 10 youth served and 1		
				staff member, percentage should be 10%)		
				0232B.2 % or programs with a code of conduct		
				and/or have behavioral contracts signed for all		
				youth		
				0232B.3 % of programs assessed using a		
				research-based quality assessment tool (such as		
				NYSPQA; NYSAN; YPQA).		
				Better Off (Choose 1):		
				0232C.1 #/% reporting they have improved		
				their ability to socialize/interact with		
				peers/family/other members of the community		
				0232C.2 #/% of youth who attain/or improve		

	on a skill and/or report an increase in knowledge/awareness 0232C.3 #/% of youth who regularly engage in 30 minutes of physical activity during program and report they feel better physically.
O233 Healthy Lifestyles	<ul> <li>How Much:</li> <li>0233A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0233B.1 Staff turnover rate</li> <li>0233B.2 % of youth participating in program 3 times per week or more</li> <li>0233B.3 % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)</li> <li>Better Off (Choose 1):</li> <li>0233C.1 #/% of youth who increased physical fitness and activity</li> <li>0233C.2 #/% of youth who increased knowledge of reproductive health</li> <li>0233C.3 #/% of youth with increased knowledge of nutrition and exercise</li> </ul>
0234 Mental Health Supports	How Much:
	<ul> <li>O234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>O234B.1 % of staff trained in Trauma Informed</li> </ul>
	<ul> <li>0234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0234B.1 % of staff trained in Trauma Informed Care</li> </ul>
	<ul> <li>0234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0234B.1 % of staff trained in Trauma Informed Care</li> <li>0234B.2 % of youth and families satisfied with the program</li> </ul>
	<ul> <li>0234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0234B.1 % of staff trained in Trauma Informed Care</li> <li>0234B.2 % of youth and families satisfied with the program</li> <li>Better Off (Choose 1):</li> </ul>
	<ul> <li>0234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0234B.1 % of staff trained in Trauma Informed Care</li> <li>0234B.2 % of youth and families satisfied with the program</li> </ul>
0234 Wentar realtin Supports	<ul> <li>0234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0234B.1 % of staff trained in Trauma Informed Care</li> <li>0234B.2 % of youth and families satisfied with the program</li> <li>Better Off (Choose 1):</li> <li>0234C.1 #/% of youth who successfully attain one or more treatment goals</li> <li>0234C.2 #/% of youth who report an</li> </ul>
	<ul> <li>0234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0234B.1 % of staff trained in Trauma Informed Care</li> <li>0234B.2 % of youth and families satisfied with the program</li> <li>Better Off (Choose 1):</li> <li>0234C.1 #/% of youth who successfully attain one or more treatment goals</li> </ul>
4CVC: Life Area: Citizenship/Civic Engagement	<ul> <li>0234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0234B.1 % of staff trained in Trauma Informed Care</li> <li>0234B.2 % of youth and families satisfied with the program</li> <li>Better Off (Choose 1):</li> <li>0234C.1 #/% of youth who successfully attain one or more treatment goals</li> <li>0234C.2 #/% of youth who report an</li> </ul>
<ul> <li>4CVC: Life Area: Citizenship/Civic Engagement</li> <li>41 Goal: Children and youth will demonstrate good their families, schools and communities</li> </ul>	<ul> <li>0234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0234B.1 % of staff trained in Trauma Informed Care</li> <li>0234B.2 % of youth and families satisfied with the program</li> <li>Better Off (Choose 1):</li> <li>0234C.1 #/% of youth who successfully attain one or more treatment goals</li> <li>0234C.2 #/% of youth who report an improvement in emotional and mental health</li> </ul>
<ul> <li>4CVC:Life Area: Citizenship/Civic Engagement</li> <li>41 Goal: Children and youth will demonstrate good their families, schools and communities</li> <li>Objective (Choose 1):</li> </ul>	<ul> <li>0234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0234B.1 % of staff trained in Trauma Informed Care</li> <li>0234B.2 % of youth and families satisfied with the program</li> <li>Better Off (Choose 1):</li> <li>0234C.1 #/% of youth who successfully attain one or more treatment goals</li> <li>0234C.2 #/% of youth who report an improvement in emotional and mental health</li> <li>citizenship as law-abiding, contributing members of</li> </ul>
<ul> <li>4CVC:Life Area: Citizenship/Civic Engagement</li> <li>41 Goal: Children and youth will demonstrate good their families, schools and communities</li> <li>Objective (Choose 1):         <ul> <li>411 Children and youth will assume personal</li> </ul> </li> </ul>	<ul> <li>0234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0234B.1 % of staff trained in Trauma Informed Care</li> <li>0234B.2 % of youth and families satisfied with the program</li> <li>Better Off (Choose 1):</li> <li>0234C.1 #/% of youth who successfully attain one or more treatment goals</li> <li>0234C.2 #/% of youth who report an improvement in emotional and mental health</li> <li>citizenship as law-abiding, contributing members of</li> <li>al responsibility for their behavior.</li> </ul>
<ul> <li>4CVC: Life Area: Citizenship/Civic Engagement</li> <li>41 Goal: Children and youth will demonstrate good their families, schools and communities</li> <li>Objective (Choose 1):         <ul> <li>411 Children and youth will assume persona</li> <li>412 Youth will demonstrate ethical behavio</li> </ul> </li> </ul>	<ul> <li>0234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0234B.1 % of staff trained in Trauma Informed Care</li> <li>0234B.2 % of youth and families satisfied with the program</li> <li>Better Off (Choose 1):</li> <li>0234C.1 #/% of youth who successfully attain one or more treatment goals</li> <li>0234C.2 #/% of youth who report an improvement in emotional and mental health</li> <li>citizenship as law-abiding, contributing members of</li> <li>al responsibility for their behavior.</li> <li>r and civic values.</li> </ul>
<ul> <li>4CVC: Life Area: Citizenship/Civic Engagement</li> <li>41 Goal: Children and youth will demonstrate good their families, schools and communities</li> <li>Objective (Choose 1):         <ul> <li>411 Children and youth will assume persona</li> <li>412 Youth will demonstrate ethical behavio</li> <li>413 Children and youth will understand and</li> <li>414 Children and youth will participate in families</li> </ul> </li> </ul>	<ul> <li>0234A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0234B.1 % of staff trained in Trauma Informed Care</li> <li>0234B.2 % of youth and families satisfied with the program</li> <li>Better Off (Choose 1):</li> <li>0234C.1 #/% of youth who successfully attain one or more treatment goals</li> <li>0234C.2 #/% of youth who report an improvement in emotional and mental health</li> <li>citizenship as law-abiding, contributing members of</li> <li>al responsibility for their behavior.</li> <li>r and civic values.</li> <li>d respect people who are different from themselves.</li> <li>and community activities.</li> </ul>
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(Choose 1):		ities and Supports Services	Performance Measures How Much (Choose 1):
	0420	Youth Leadership/Empowerment Opportunities	<ul> <li>0420A.1 # of youth participating (unduplicated)</li> <li>0420A.2 # of community projects completed</li> <li>How Well (Choose 1):</li> <li>0420B.1 % of participants returning to program the following year (if applicable)</li> <li>0420B.2 % of programs or activities assessed using a research-based quality assessment too (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)</li> <li>Better Off (Choose 1):</li> <li>0420C.1 #/% of youth who continue on to an additional community engagement project beyond the program</li> <li>0420C.2 #/% of youth with increased leadership skills (as measured on a pre/post- test of leadership skills) or skills empowering</li> </ul>
	0421	Juvenile Delinquency Prevention Services	them in community engagement. How Much:
			<ul> <li>0421A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0421B.1 % of youth completing mandated requirements</li> <li>0421B.2 % of youth participating in non- mandated requirements</li> <li>0421B.3 % of programs or activities assessed using a research-based quality assessment too (such as NYSPQA; NYSAN; YPQA) and achievin an above average score (such as PQA score of 3.0 or higher)</li> <li>Better Off (Choose 1):</li> <li>0421C.1 #/% of youth who do not return to the Juvenile Justice System within 1 year</li> <li>0421C.2 #/% of youth reporting increased knowledge of better choices (pertaining to laws).</li> </ul>
	0422	Teen Pregnancy Prevention Supports	How Much:
			(unduplicated) How Well (Choose 1): 0422B.1 % of staff trained in positive youth

	<ul> <li>development and reproductive health</li> <li>0422B.2 % of youth completing the program</li> <li>Better Off (Choose 1):</li> <li>0422C.1 #/% of program participants who avoid unplanned pregnancies</li> <li>0422C.2 #/% of program participants with increased knowledge of reproductive health and/or implementing safe practices</li> <li>0422C.3 #/% of program participants with reduced high-risk behaviors</li> </ul>
O424 Safe Place Out of School Time Services	<ul> <li>How Much:</li> <li>0424A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0424B.1 % of staff with positive youth development training</li> <li>0424B.2 % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)</li> <li>0424B.3 % of youth attending the OST program at least 50% of scheduled days</li> <li>Better Off:</li> <li>0424C.1 #/% of youth with improved positive youth development outcomes (i.e. academic, health, social/emotional skills and/or community engagement)</li> </ul>
<b>5FAM: Life Area: Family</b>	,
51 Goal: Families will provide children with safe, sta	ble and nurturing environments
Objective (Choose 1):	
<b>511</b> Parent/caregivers will provide children	
<b>512</b> Parent/caregivers will possess and pract	
<b>513</b> Parent/caregivers will be positively invo	-
their children.	knowledge and ability to access support services for
<b>515</b> Parent/caregivers will provide their child	dren with households free from physical and
emotional abuse.	
<b>516</b> Parent/caregivers will provide their child substance abuse.	dren with households free from alcohol and other
Services Opportunities and Supports Services	Performance Measures
(Choose 1):	How Much:
0520 Parenting Skills	0520A.1 # of parents served
	How Well (Choose 1): $\Box$ of 200 1 % of staff with relevant
	0520B.1 % of staff with relevant training/credentials
	0520B.2 % of families completing the program
	Better Off (Choose 1):
	0520C.1 #/% of parents who report improved

	parenting skills D520C.2 #/% of families who safely transition from supervised to unsupervised visits				
D521 Family Supports	<ul> <li>How Much:</li> <li>0521A.1 # of families being supported (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0521B.1 % of participants reporting satisfaction with the support provided</li> <li>0521B.2 % of families participating on a regular basis</li> <li>Better Off (Choose 1):</li> <li>0521C.1 #/% of families developing informal supports/community networks</li> <li>0521C.2 #/% of families practicing positive child-rearing skills</li> <li>0521C.3 #/% of families providing children households free from physical and emotional abuse</li> </ul>				
O524 Anger Management/Conflict Resolution Supports	<ul> <li>How Much:</li> <li>0524A.1 # of youth served (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0524B.1 % of staff/volunteers trained and who have credentials in anger management group facilitation/conflict resolution</li> <li>0524B.2 % of youth participating on a regular basis</li> <li>0524B.3 % of youth completing the program</li> <li>Better Off (Choose 1):</li> <li>0524C.1 #/% of youth demonstrating an increased knowledge of the relevant topic (anger management or conflict resolution</li> <li>0524C.2 #/% practicing the skills and techniques taught</li> <li>0532C.3 #/% of youth with decreased behavioral incidents</li> </ul>				
6COM:Life Area: Community					
<ul> <li>G1 Goal: New York State communities will provide children, youth and families with healthy, safe and thriving environments.</li> <li>Objective (Choose 1):         <ul> <li>G11 Adequate housing will be available.</li> <li>G12 Adequate transportation will be available.</li> <li>G2 Goal: New York State communities will provide children, youth and their families with opportunities to help them meet their needs for physical, social, moral and emotional growth.</li> <li>Objective (Choose 1):                 <ul> <li>G21 Communities will make available and accessible formal and informal services (e.g., child care, parent training, recreation, youth services, libraries, museums, parks).</li> <li>G22 Adults in the community will provide youth with good role models and opportunities for</li> </ul> </li> </ul></li></ul>					
positive adult interactions					

### **RFP Appendix A: Proposal to Provide Service**

62		munities will provide opportunities f munity life and to practice skill devel	or youth to make positive contributions to opment.
	0628	Mentoring Supports	<ul> <li>How Much (Choose 1):</li> <li>0628A.1 # of youth participating in the mentoring program (unduplicated)</li> <li>0628A.2 # of mentors</li> <li>How Well (Choose 1):</li> <li>0628B.1 % of mentors trained in positive youth development</li> <li>0628B.2 % of mentor/mentee matches lasting longer than 6 months</li> <li>0628B.3 % of youth expressing satisfaction with the program</li> <li>0628B.4 average length of time youth wait to be matched with a mentor (in months)</li> <li>Better Off:</li> <li>0628C.1 #/% of youth showing improved confidence and caring</li> </ul>
	0633	Runaway and Homeless Youth Prevention and Support Services	<ul> <li>How Much (Choose 1):</li> <li>0633A.1 # of youth receiving services (unduplicated)</li> <li>0633A.2 # of street outreach activities</li> <li>0633A.3 # of hotline calls received</li> <li>How Well (Choose 1):</li> <li>0633B.1 % of staff trained in RHY regulations</li> <li>0633.B.2 % of staff trained in positive youth development</li> <li>0633B.3 % of youth expressing satisfaction with services</li> <li>Better Off (Choose 1):</li> <li>0633C.1 #/% of youth who access RHY services after contacting the hotline</li> <li>0633C.2 #/% of youth successfully completing case plan without being housed in RHY facility</li> <li>0633C.3 #/% of youth that were connected with school, vocational school, college or the military</li> </ul>
	0634	Community Service/Youth Activism Opportunities	<ul> <li>How Much:</li> <li>0634A.1 # of youth participating (unduplicated)</li> <li>How Well (Choose 1):</li> <li>0634B.1 # of community projects/opportunities youth actually participated in</li> <li>0634B.2 % of staff trained in positive youth development</li> <li>Better Off (Choose 1):</li> <li>0634C.1 # of volunteer hours completed in the community</li> </ul>

0634C.2 #/% of projects that met community expectations based on objectives

#### **Quality Improvement**

Describe how your agency achieves reporting requirements and contract compliance. Explain how you will implement a plan for compliance, outcomes, and quality improvement. Include how poor performance will be addressed when requested by the Youth Bureau or when the outcomes of the program fail to be achieved.

#### **Data Collection**

Describe how you collect program data, including specific procedures, tools and frequency.

### TRAUMA-INFORMED CARE

#### Implementation

Describe if, and how, your agency implements trauma-informed care, specifically how it understands, recognizes, and responds to the effects of trauma.

### BUDGET

### Billing

Describe how your agency monitors and verifies the accuracy and sufficiency of its billing system to assure all claims made are proper and that adjustment is sought when issues are identified.

### PROGRAM STAFFING

## 

## SCHEDULE A PROPOSER CERTIFICATION

The undersigned agrees and understands that this proposal and all attachments, additional information, etc. submitted herewith constitute merely an offer to negotiate with the County of Erie (the "County") and is NOT A BID. Submission of this proposal, attachments, and additional information shall not obligate or entitle the proposing entity to enter into a service agreement with the County for the required services. The undersigned agrees and understands that the County is not obligated to respond to this proposal nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all proposals and negotiations shall not be binding or valid against the County, its directors, officers, employees or agents unless an agreement is signed by a duly authorized County officer and, if necessary, approved by the Erie County Legislature, the Office of the County Attorney and/or the Erie County Fiscal Stability Authority.

It is understood and agreed that the County reserves the right to reject consideration of any and all proposals including, but not limited to, proposals which are conditional or incomplete. It is further understood and agreed that the County reserves all rights specified in the Request for Proposals (RFP).

It is understood and agreed that the undersigned, prior to entering into an agreement with Erie County, will properly execute the County of Erie Standard Insurance Certificate (example on pp. [] of this RFP), and that it will be complete and acceptable to Erie County.

It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the County is directly or indirectly a party to or in any other manner interested in this proposal or any subsequent service agreement that may be entered into.

Proposer Agency Name

By:

Signature

Name and Title



RFP APPENDIX B: Fiscal Department of Social Services RFP#2023- 001VF

#### FINANCIAL INFORMATION

Payee Name of Agency (if different than Legal Name)	
Financial Contact Person Name/Title	
Street Address/City/State/Zip	
Financial Contact Person Phone Number	Financial Contact Person Email
Agency's Fiscal Year (Start date - End date)	
Amount of Funding Request to ECDSS for this proposed contract	
FY of Request (Start date - End date)	

#### UNIT COST

Unit of Service for this proposal as defined in the RFP (e.g.: hour):	Youth participant
Number of units to be served	
Cost per unit of service for this proposal (county funding + in-kind)/# units:	

#### BUDGET NARRATIVE

List other confirmed sources of funding for this program (foundation grants, public/government funding, earned income, contributions, etc.)

List other pending funding sources to which you are applying for this program.

Describe any fees charged to program participants. If fees are charged, describe the cost, purpose, and total anticipated income under other revenue sources. Please also include and explain the process to accept youth whose family cannot afford to pay the fee(s). Note: Documentation of a tiered payment/scholarship system for families experiencing economic hardship or who qualify for public assistance is required if fees are charged. This documentation should be included in your application.

Percentage of grant request that will go toward direct programming.

Completed <u>OCFS-5005</u> budget form included.

#### **CERTIFICATION**

The undersigned certifies that he or she is a principal officer of the applicant agency and has knowledge of, and certifies that the information contained herein is complete and accurate.

Furthermore, the undersigned certifies that the applicant sponsored programs, services and activities are available to the general public, advertised as such, and not subject to discrimination based on sex, race, creed, religion or national heritage.

SIGNATURE

DATE

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

### **PROGRAM BUDGET**

QYDS ID: FISCAL YEAR:

AGENCY/MUNICIPALITY:

PROGRAM TITLE:

FISCAL CONTACT INFORMATION: Include Name, Phone Number, E-mail address:

## **PERSONAL SERVICES:**

POSITION TITLE	RATE OF PAY	BASIS (H, W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT (1)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
TOTAL SALARIES AND WAGES			\$	\$
TOTAL FRINGE BENEFITS			\$	\$
TOTAL PERSONAL SERVICES (1)			\$	\$

#### CONTRACTED SERVICES AND STIPENDS

TYPE OF SERVICE OR CONSULTANT TITLE	RATE OF PAY	BASE (S,M,HR)	TOTAL OCFS PROGRAM AMOUNT (1)	
	\$		\$	
	\$		\$	
	\$			
TOTAL CONTRACTED SERVICES (2)		\$	\$	
TOTAL MAINTENANCE & OPERATION (3)		\$	\$	

#### **TOTAL MAINTENANCE & OPERATION (3)**

LIST EQUIPMENT TO BE PURCHASED OR RENTED:

(UNIT COST OVER \$500 AND LIFE EXPECTANCY OF OVER TWO YEARS)

#### **FACILITY REPAIRS**

PROGRAM SITE ADDRESS					
	\$				
	\$				
TOTAL FACILITY REPAIRS (4)	\$			\$	
TOTAL OCFS PROGRAM AMOUNT		\$	1		-
+	1	TOTAL OCFS FUNDS	\$		
LIST OF OTHER FUNDING SOURCES	\$		REIMBL	JRSABLE TOTAL	
	\$		MUNICI	PAL FUNDING	
	\$		OTHER SOURCES		

\* USE AN ASTERISK NEXT TO THE FIGURES LISTED TO IDENTIFY THOSE ITEMS FOR WHICH OCFS REIMBURSEMENT IS NOT BEING REQUESTED.

USE (IK) TO IDENTIFY ONLY IN KIND SERVICES, EQUIPMENT, ETC DONATED TO PROGRAM, WHERE ALLOWED.

FUND TYPE:



Provide one copy of the most current information as noted below. These materials cannot be returned.

- Most recent Audit report prepared by an independent CPA
- Most recent Management Letter
- Listing of Officers and Board of Directors

If not available, the latest tax return may be submitted in lieu of the audit report and/or management letter.