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| 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 - 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, population served, and key program features.

TARGET POPULATION SERVED & GOALS

Description

Identify the following: target population; geographic areas to be served; zip codes to be served; legislative districts to be served; 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 how you will accommodate participants with special needs, language translation and cultural differences, including interpreter/language translation services.

Capacity

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

Experience

Describe experience agency has working with the target population and reasons why 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 Narrative

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?
- 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 program delivery. Please describe if this program will be offered during extended hours (evenings, weekends). Please provide a program calendar/schedule.

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 the time of day that services are offered, security protocols, sign-out policy, open doors or locked, visitor policy, and any other information related to your program safety plan, including location of all evacuation plans and schedule of fire 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 programs providing the services listed below, from the OCFS Life Areas Coding Document ([OCFS-5003/OCFS-5003A](#)) will be considered for funding.

Instructions: Choose 1 Objective you plan to target. Agencies are required to report on the performance measures listed below at the end of the contract period.

2PEH:Life Area: Physical and Emotional Health

21 Goal: Children and youth will have optimal physical and emotional health.

Objective (Choose 1):

- 211 Children and youth will be physically fit.
- 212 Children and youth will be emotionally healthy.
- 213 Children and youth will be free from health risk behaviors (e.g., smoking, drinking, substance abuse, unsafe sexual activity).
- 214 Children and youth with service needs due to mental illness, developmental disabilities and/or substance abuse problems will have access to timely and appropriate services.

Services Opportunities and Supports Services

- 0232 Year Round/Seasonal Activities

Performance Measures

How Much:

- 0232A.1 # of youth participating (unduplicated)

How Well:

- 0232B.4 % of youth completing the program

Better Off:

- 0232C.1 #/% reporting they have improved their ability to socialize/interact with peers/family/other members of the community

Quality Improvement

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

Experience

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. Describe how your agency achieves reporting requirements and contract compliance.

PROGRAM STAFFING

Program Staff

Describe program staff, including job titles, responsibilities, level of education/credentials, qualifications, experience and training that will be required for each position. Specify their role in providing the services and supervision protocols.

| Job Title | Responsibilities | Qualifications | Supervisor Job Title |
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Professional Development

Describe all mandatory or optional professional development opportunities, including trainings, available to program staff.

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