



ERIE COUNTY

REQUEST FOR PROPOSAL (RFP)

TO PROVIDE:

**Office of Mental Health and Buffalo Psychiatric
Center Long Stay Supportive Housing**

RFP #2023-044VF

Date: July 13, 2023

Mark O'Brien LCSW-R, ACSW, COMMISSIONER
DEPARTMENT OF MENTAL HEALTH
EDWARD A. RATH COUNTY OFFICE BUILDING
95 FRANKLIN STREET
BUFFALO, NEW YORK 14202

COUNTY OF ERIE, NEW YORK
REQUEST FOR PROPOSALS (“RFP”)
TO PROVIDE: OMH and BPC Long Stay Supportive Housing RFP# 2023-044VF

I. INTRODUCTION

The County of Erie, New York (the “County”) is currently seeking proposals in response to this Request for Proposals (RFP) from qualified providers with an existing contract with Erie County Department of Mental Health (ECDMH) to provide New York State Office of Mental Health (NYS OMH or “OMH”) Supportive Housing (SH) services, interested in providing Supportive Housing services to adults, who are at least 18 years of age, have a primary diagnosis of Serious Mental Illness (SMI) as per the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and experience substantial impairments in functioning in several areas of role performance due to their clinical condition, for an extended duration on either a continuous or episodic basis. Qualifying adults are dependent on treatment, rehabilitation, and support services to maintain functional capacity.

This proposal is for a total of 103 beds, 65 beds dedicated to Buffalo Psychiatric Center (BPC) referrals and 38 New York State Office of Mental Health (NYS OMH) Supportive Housing Beds. Applicants must submit a single proposal for the total of the combined 103 beds.

Eligible applicants for this Request for Proposals are agencies who currently provide OMH Supportive Housing Services under contract with the Erie County Department of Mental Health. The Erie County Department of Mental Health intends to fund one (1) award under this RFP.

This project can serve 103 individuals at any given time. It is expected that each service, BPC Long Stay and NYS OMH SH beds, maintain at least a 90% capacity at all times. It is anticipated that funding will be awarded in 2024 in the amount of **\$1,285,620** with a slight increase to fully account for the 2023 prorated per bed rate increase which was effective as of April 1, 2023.

A reasonable startup amount will be made available in 2023 inclusive of staffing ramp up for the October 1, 2023 - December 31, 2023, transition period, as well as up to \$50,000 in one-time funding to assist with employee recruitment and retention of NYS OMH Supportive Housing direct and supervisory staff which can be utilized over the first 24 months of operations. Eligibility, if any, for NYS OMH Support Enhancement Dollars for SH will be determined post award and as determined by NYS OMH. Currently funded agency, awardee and the ECDMH will meet bi-weekly for transition planning and must follow the Erie County Department of Mental Health’s transition process, documentation required as part the transitioning the case to the awarded provider and timeline. See **Attachment A - Attachment D** for the forms utilized to facilitate the transition process.

Referrals for these services will be processed through the ECDMH Adult-Single Point of Access (A-SPOA). As with other OMH SH programs, monthly reporting must be completed within the OMH Child and Adult Integrated Reporting System (CAIRS). Additional quarterly reporting is required by the ECDMH and will be submitted using ClearPoint.

Target Population

The target population for the BPC Long Stay beds (65) includes individuals that are trying to successfully transition from BPC/hospital inpatient stays or a BPC residence. It will be expected that the service provider proactively collaborates with BPC to identify appropriate referrals, and proactively plan for successful transitions. **The proposal must include a letter of support from BPC administration for this service and indicate a commitment to collaborate on case identification and proactive transition planning.**

Recipient eligibility for the 65 BPC Long Stay services may include, but is not limited to, the following examples: direct referral from BPC; direct referral from BPC residential program such as Residential Care Center for Adults (RCCA); and utilization of a “daisy chain” in which a referral is submitted for a person to a Community Residence (CR) and then someone is moved from that CR into one of the SH beds.

Utilization of a “daisy chain” in which a referral is submitted for a person to a Community Residence (CR) and then someone is moved from that CR into one of the SH beds is applicable for a referral to a BPC Long Stay bed. Additional community supports, paid and non-paid, may need to be coordinated and wrapped around the individual to increase successful transition into the community. Agencies are strongly encouraged to utilize peer supports to assist with this transition. The awardee is expected to work with community resource collaborations such as the Community Reintegration Team (CRT) and Mobile Integration Team (MIT), participate in BPC Round Table meetings, Adult-Single Point of Access (A-SPOA) and Managed Long Term Care options.

The goal of the BPC Long Stay initiative is to achieve greater access to housing and successful sustainable transition into the community ensuring rapid access to this resource, decreasing length of stay in higher levels of care and increasing successful transition to independent housing. Agency proposals will need to demonstrate a detailed plan for achieving these goals. Again, awardees will be expected to work with community resources, provide in-reach to the facilities to develop a strong rapport with individuals needing housing, assess needs of the individual, and participate in bi-weekly planning meetings.

The target population for the 38 OMH Supportive Housing beds service includes individuals who have been diagnosed with a Serious Mental Illness and need assistance with housing who may be discharged from a State or local hospital, a jail or correctional facility, or referred by a community provider, other nonpaid supports, or by self-referral. The 38 OMH SH beds can accept a referral from any referral source. Agencies are encouraged to assist the consumer in submitting referrals for necessary services as well as assisting the individual in connecting to nonpaid community supports. The 38 OMH Supportive Housing beds can accept a referral from any referral source.

Capacity and Funding

This project will have a capacity of 103 consumers. It is expected that each service, BPC Long Stay and OMH SH beds, maintain at least 90% capacity at all times. It is anticipated that funding will be awarded in 2024 in the amount of **\$1,285,620** with a slight increase to fully account for the 2023 prorated per bed rate increase, which was effective as of April 1, 2023. **A reasonable startup amount will be made available in 2023 inclusive of staffing ramp up for the October 1, 2023 - December 31, 2023 transition period, as well as up to \$50,000 in one-time funding to assist with employee recruitment and retention of NYS OMH Supportive Housing direct and supervisory staff which can be utilized over the first 24 months of operations.** Eligibility, if any, for NYS OMH Support Enhancement Dollars for SH will be determined

post award and as determined by the NYS OMH. The currently funded agency, awardee and the ECDMH will meet bi-weekly for transition planning and must follow the Erie County Department of Mental Health's transition process, documentation and timeline. See **Attachment A - Attachment D** for the forms utilized to facilitate the transition process.

PLEASE NOTE: APPLICATIONS THAT ARE NOT 100% COMPLETE AS SPECIFIED WITHIN THIS RFP, EXCEED THE SPECIFIED PAGE LIMITS OR ARE NOT RECEIVED BY THE SPECIFIED DUE DATE AND TIME, WILL NOT BE REVIEWED. ACCORDINGLY, PLEASE READ INSTRUCTIONS CAREFULLY SINCE CRITICAL INFORMATION IN THESE REGARDS MIGHT ONLY BE PRESENTED ONE TIME.

The County reserves the right to amend this RFP. The County reserves the right to reject any or all of the proposals, or any part thereof, submitted in response to this RFP, and reserves the right to waive formalities, 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. The County reserves the right to award negotiated contracts to one or more proposers. Proposals received shall be considered to remain in effect for no less than 12 months and for no more than 24 months from date of receipt. The ECDMH reserves the right to utilize responses to this RFP for future issued Housing RFP.

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.

II. PROPOSAL PROCEDURES

A. ANTICIPATED SCHEDULE

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

ISSUE RFP: **July 13, 2023**

This RFP and related attachments can be found and downloaded at:

<http://www2.erie.gov/purchasing/index.php?q=requests-proposals-amp-construction-bids>

QUESTIONS DUE: **July 19, 2023**

All questions should be emailed to Melissa.Stark@erie.gov **by 3:00 p.m. July 19, 2023**. Please include only: "RFP #2023-044VF" as the subject line in your email. The County takes no responsibility for responding to questions that do not include "RFP #2023-044VF" as the subject line in your email. Only emailed questions received prior to **July 19, 2023 by 3:00 p.m.** will receive a response. No individual responses will be sent in response to emailed questions. **Rather, responses to these questions will be addressed and posted on the ECDMH website at:**

<https://www3.erie.gov/mentalhealth/request-proposals>.

RESPONSES TO QUESTIONS POSTED

ON THE ECDMH WEBSITE: **July 21, 2023**

PROPOSALS DUE: **August 8, 2023 prior to 3 p.m.**

2. **One (1) original and five (5) copies** shall be submitted in a SEALED package:

Submission of the proposals shall be directed to:

Mark O'Brien LCSW-R, ACSW
Commissioner
Erie County Department of Mental Health
Edward A. Rath Building
95 Franklin Street, Room 1237
Buffalo, New York, 14202

All proposals must be delivered and received at the above office on or before August 8th, 2023, prior to 3:00 p.m. Proposals received after the above date and time will not be considered. The County is under no obligation to return proposals.

3. NO COMMUNICATIONS OF ANY KIND WILL BE BINDING AGAINST THE COUNTY, EXCEPT FOR THE DEPARTMENT OF MENTAL HEALTH'S FORMAL RESPONSES TO QUESTIONS, IF ANY, WHICH WILL BE POSTED ON THEIR WEBSITE AT: <https://www3.erie.gov/mentalhealth/request-proposals>.
4. 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.
5. 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.

Other Documents Required with Submission (in addition to items previously described):

- **Letter of Support (SCHEDULE A)** Indicating a commitment to collaborate on case identification and proactive transition planning is required from BPC for the BPC Long Stay Component of this RFP.
- **Disclosure of employees or officers who are currently a County employee or officer or have been within one year prior to the date of response to this RFP (SCHEDULE B)** a form has not been provided.
- **Proposer Certification (SCHEDULE C)**
- **Erie County Equal Pay Certification (SCHEDULE D)** A Copy is found within this RFP, but can be accessed at: https://www3.erie.gov/mentalhealth/sites/www3.erie.gov.mentalhealth/files/2021-09/coe-equal-pay-certification_0.pdf
- **Certified Minority Business Enterprise/Women's Business Enterprise (MBE/WBE) (SCHEDULE E)** Proposers should include summary of MWBE policy. Letter of no more than two (2) pages summarizing the policies related to agency practice utilizing MWBEs. *Such a letter will not be considered against the page limitation in 1.d. above.*
- If the proposer is a **Veteran Owned Business (SCHEDULE F)** Proposer should include letter indicating company is 51% or more Veteran-owned. *Such a letter will not be considered against the page limitation in 1.d. above.*

III. SCOPE OF PROFESSIONAL SERVICES REQUIRED

Funding Availability and Requirements

Total funding for this RFP is estimated to include over 1.2 million dollars in NYS OMH annual funding, plus one-time reasonable startup inclusive of staffing ramp up for the October 1-December 31, 2023 transition period, as well as up to \$50,000 in one-time funding to assist with employee recruitment and retention of NYS OMH supported housing direct and supervisory staff. The \$50,000 one-time funding must first be utilized to assist with employee recruitment and retention of direct service and supervisory staff associated with this RFP over the first 24 months of operation. If there are remaining one-time dollars available after the initiation of the BPC Long Stay (65 beds) and OMH SH (38 beds) , those funds, with the approval of ECDMH, can be used for other NYS OMH ECDMH Contracted SH staff which can also be utilized over the first 24 months of operations. ECDMH expects that the selected agency will have a non-decline policy for referrals that are sent via A-SPOA. Responses must specify specific criteria for declining referrals against this goal.

Services Provided Through this RFP

“Supportive Housing”(SH) means scattered site apartments for which OMH funding provides rental assistance and a minimum level of housing-related support services for individuals with Serious Mental Illness (SMI). These services include assisting the resident in managing tenant/landlord relations and with transitioning to the new housing unit. In situations where a resident needs ongoing additional support to manage his or her symptoms, or assistance with living skills such as shopping or maintaining his or her living environment, the supportive housing provider may assist in linking the resident with the entities that directly provide these additional services in coordination with the resident’s care manager (Health Home).

Tenants should hold their own leases. Renting studio, one-bedroom and two-bedroom apartments scattered throughout the community is the norm. In instances where roommates are involved, the agency must facilitate cooperative arrangements on bill payments, division of household responsibilities and other matters.

Supportive Housing is integrated housing that consists of scattered site apartments located in multiple buildings throughout the community. The goal is to provide individuals with a setting in which they live in their own apartments and are able to interact with non-disabled persons to the fullest extent possible. There is an expectation to locate housing prior to discharge from inpatient hospitalization as part of the discharge planning process.

Supportive Housing funding provides rent stipends, housing related support services, and contingency funds as specified in the Supportive Housing Guidelines when available. There are no OMH licensing requirements. Contractors must comply with the OMH Supportive Housing Guidelines. A copy of the OMH Supportive Housing Guidelines is posted on OMH’s website at: <https://omh.ny.gov/omhweb/adults/supportedhousing/supportedhousingguidelines.html> and should be reviewed prior to responding to this RFP.

Program Design

There are many components to take into consideration when applying to this RFP. The below items will need to be addressed in your response.

- **Staffing Recruitment and Retention**

Workforce issues can negatively impact the success of a program and the population served. The behavioral health field has experienced many staffing shortages over the past few years that was heavily impacted by the COVID epidemic.

- **Transition of individuals to new provider** The ECDMH has a detailed transition process in place. It is expected that agencies follow the protocol set forth as a means to successful transition. Transition documents are established and are included as Attachments A - D of this proposal. **Please note: Attachments A - D include the following documents:** A - Erie County Department of Mental Health Transfer of Care Checklist; B - Erie County Department of Mental Health Interagency Referral; C - Erie County Department of Mental Health Program Demographic Form; D - Erie County Department of Mental Health Transition Milestone Tracker. *The ECDMH will provide reasonable startup funds inclusive of staffing ramp up for the October 1, 2023 - December 31, 2023 transition period. This will fund the agency case management duties for the transition of cases to the agency from another provider prior to the operational start of the grant on January 1, 2024.*

- **Community Supports and Services**

Erie County has been fortunate to add many additional supports and resources into this community. Community supports are an essential component of assisting a consumer. Awardee is expected to work with community resources and collaborations such as Community Reintegration Team (CRT), Mobile Integration Team (MIT), and Recovery Options Refreshing Waters Respite, and participate in BPC Round table meetings, Single Point of Access (SPOA) and Managed long term care options.

- **Daisy chain/backfill process**

Utilization of a “daisy chain” in which a referral is submitted for a person to a Community Residence (CR) and then someone is moved from that CR into one of the SH beds is applicable for a referral to a BPC Long Stay bed. In an effort to provide the appropriate level of care to individuals in the community, continual assessment to those enrolled in OMH licensed housing such as Single Room Occupancy (SRO) or Treatment Supervised Apartment (TSA) is necessary. Those discharged from BPC services may need the additional support and services of a Licensed Housing Provider.

- **Reduction of moves and evictions**

Moves and evictions can be taxing on providers and disruptive for individuals served. Increased moves can negatively impact allocated money for OMH SH programs. Development of landlord relationships is an essential component of a OMH SH provider.

Service Provision

It is expected that the applicant provides services that are congruent with the 2022 NYS OMH Supportive Housing Guidelines. In line with this guidance, monthly face to face contacts are required.

Documentation should reflect all attempts to engage the consumer to meet this requirement. It is expected that the awardee of this RFP will collaborate with other providers associated with the consumers to ensure

the best possible outcomes. The standard to house a consumer is 45 days from the date referral is received by the agency.

Accountability and Evaluation

It is the expectation that all applicants will have the ability to conduct both extensive and thorough data collection to closely monitor all desired outcomes. The applicant should include clear and concise detail that describes the program's ability to utilize data informed practice to continually assess and where necessary, intervene to achieve critical metrics. **A greater weight will be placed on applications that clearly articulate and demonstrate a successful history of doing so.**

Quarterly ClearPoint reporting against the agreed upon Performance Measures and other data will be required. Additional data to be maintained by agency but not routinely reported may also be specified. Successful applicants should expect site visits by the ECDMH to review such efforts.

Data Records and Reporting

For the purposes of this RFP review, the following data will be collected internally at the ECDMH and will be utilized as part of the scoring process:

- ClearPoint reports submitted in 2021, 2022 and through the 2023 Q1 report;
- Review of the most recent OMH Supportive Housing site visit conducted by ECDMH between 2021-2023; and
- A-SPOA Salesforce database will be used to performance related to capacity and utilization for the applicants of this RFP for 2021, 2022 and through Q1 of 2023.

HOW TO APPLY

Applicants may download the application materials by going to the Department's website at: <https://www3.erie.gov/mentalhealth/request-proposals>. Applicants must complete the documents requested and those provided by the Erie County Department of Mental Health. *Please note that the ECDMH will not review material beyond the specified page limits.*

To the extent feasible, please order your narrative content and the other proposal materials consistent with that indicated in **Section II B.: Applicant Requirements**. If the ordering contradicts submission ordering directions in other sections of this RFP, there will be no penalty for any resultant document ordering discrepancies in your submission.

For the Narrative section, please use the following heading bars in the document, as listed in the application below:

See Proposal Narrative Guidance below for details about what should be included in each section.

- Funding Availability and Requirements (30 Points)
- Workforce: Staffing Recruitment and Retention (20 Points)
- Program Design (40 Points)
- Service Provision (40 Points)
- Data Records and Reporting (60 Points)
- Accountability and Evaluation (50 Points)
- Budget (10 Points)

Exhibits, Appendices, Attachments, and other documents that are not specified as required are not allowed and will be discarded without acknowledgement. Please do not include copies of research, annual reports, or other unrequested supporting material.

Proposal Narrative Guidance

The Proposal Narrative is limited to twelve (12) pages. Any pages beyond the 12-pages allowed, will not be reviewed or considered. In addition to the guidance below, you should refer to the **Scoring Matrix (Appendix G)** in order to maximize your score. **Please use the following heading titles in your proposal and respond to each of the section requirements under the appropriate headings.**

- **Funding Availability and Requirements**
 - Maximizing Funding
 - Describe how your agency has been able to maximize funding within your contracted OMH SH programs. Provide examples as to how your agency has had the ability to creatively serve individuals within the limited funding to ensure necessary services are delivered.
 - In the event that your agency has operated at a deficit, explain what policies and practices were implemented to reduce this deficit.

- **Workforce**
 - Staffing Recruitment and Retention
 - Describe how your agency will be able to quickly onboard staff specified by the transition date and certainly by the anticipated November 1, 2023 commencement of operations to ensure smooth transition for existing recipients?
 - Describe how you will utilize the up to \$50,000 to assist with recruitment and retention over the first 24 months of operations.
 - What has your agency implemented to recruit and retain staff in your Supported Housing (SH) program?
 - Describe the rate of staff turnover, over the past two (2) years, in your SH programs.
 - How has your agency managed the continuation of quality services through any staffing shortages within your current OMH SH programs?
 - What is the in-agency strategic plan to positively impact staff retention and staffing vacancies?

- **Program Design**
 - Transition of Services to a New Provider
 - Describe the transition process if you are a HUD provider and were part of the Consolidation Grants in which your agency was awarded HUD beds from a previous grantee. If this does not apply to your agency, depict an internal example related to transition within your organization.
 - Community Supports and Services
 - Provide 2-3 examples of current collaborations used to increase the success of individuals affiliated with your OMH SH services. If there are no specific collaborations, identify an agency plan to improve collaborations with community supports and services.
 - Daisy Chain/Backfill Process
 - Present examples of instances when your agency was part of a daisy chain/backfill process. Identify and describe the process utilized to successfully transition people receiving services to a less restrictive level of care.
 - Reduction of Moves and Evictions
 - Provide data for the last two (2) years on the number of moves and evictions that have occurred in current OMH SH programs per client in a 12-month period.
 - Specify the actions taken, and results of those actions, in an effort to decrease moves and evictions.
 - Identify creative means to work with tenant and landlord in an effort to minimize moves and evictions.
 - What practices are utilized to foster new landlord relationships in the event some landlords decide to cease working with the target population?
 - Service Provision
 - Describe the current practice of service delivery in providing OMH Supported Housing services to the targeted population.
 - What creative methods has your agency implemented to develop relationships with consumers who might be difficult to engage?

- Describe your quality assurance process for review of consumer files.
 - If the standard practice has not been followed, describe how corrective action will be executed?
- **Data Records and Reporting**
 - *ClearPoint reports* (submitted in 2021, 2022 and through the 2023 Q1 report)
 - What has your agency implemented to have success in achieving the positive outcome as identified in the ClearPoint reports?
 - Describe how the agency is reviewing and utilizing Positive Outcome by Race and Ethnicity.
 - *OMH Supportive Housing Site Visit* (conducted by ECDMH between 2021-2023)
 - What practices have changed due to the scoring on the site reviews conducted? Provide response for every year in which a review was conducted for the above- referenced years.
 - In the event a review did not happen during this time frame, due to good performance and the tiered methodology for OMH SH Review, what practices are in place to ensure quality services are being delivered and OMH SH 2022 Guidelines are being followed?
 - *A-SPOA Salesforce Database* (capacity and utilization for 2021, 2022 and through Q1 of 2023)
 - ECDMH will be utilizing a report from Salesforce to generate days to housed for 2021, 2022, through Q1 of 2023. The ECDMH standard for date a referral is sent from A-SPOA Housing to agency is that the individual is housed in 45 days. ECDMH will review 2021, 2022, and Q1 2023 median days to house.
 - What procedures have been implemented to ensure the 90% capacity threshold is met?
 - For each year when the threshold was not met, provide reasoning as to why 90% capacity was not maintained and the plan to reach goal.
 - Fiscal Reporting
 - Please note that timely submission of cost reports, HUD invoicing, Quarterly reporting, CFR's, OASAS Prospective Budget Submissions and other reporting elements will also be used in the evaluation of the application submission.
- **Accountability and Evaluation**
 - Describe your experience using data with Quality Improvement (QI) and how it has affected practice and outcomes. Provide specific data.
 - Describe your organizational capacity to conduct a quality improvement process.
 - Describe how you envision the use of quality improvement for this initiative to achieve the desired outcomes.
- **Budget**
 - Provide a Budget Narrative and Spreadsheet (Appendix D) that outlines and clearly justifies your request for funding up to \$1,285,620.
 - A reasonable startup amount will be made available in 2023 inclusive of staffing ramp up for the October 1, 2023 - December 31, 2023 transition period. Indicate if start-up funds will be requested and provide details as to how they will be utilized.
 - One-time funding of \$50,000 will be available to assist with employee recruitment and retention of NYS OMH Supportive Housing direct and supervisory staff which can be

utilized over the first 24 months of operations. How would these dollars be used through the transition process?

IV. STATEMENT OF RIGHTS

UNDERSTANDINGS

Please take notice, 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 Proposal constitute merely a suggestion to negotiate with the County of Erie 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 of Erie for the required services;
- By submitting a proposal, the proposer agrees and understands that the County of Erie 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 of Erie, 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, the Erie County Fiscal Stability Authority, 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 of Erie reserves the right, and may at its sole discretion 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 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 a 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; and
- 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 prior to 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:

- Proposer's demonstrated capability to provide the services;
- Evaluation of the professional qualifications, background and resume(s) of individuals involved in providing services;
- Proposer's experience to perform the proposed services;
- Proposer's financial ability to provide the services;
- Evaluation of the proposed cost/s. It should be noted that while cost is not the only consideration, it is an important one;
- A determination that the proposer has submitted a complete and responsive proposal as required by this RFP;
- An evaluation of the proposer's projected approach and plans to meet the requirements of this RFP;
- The proposer's presentation at and the overall results of any interview conducted with the proposer;
- Proposers MUST sign the Proposal Certification attached hereto as Schedule "A." Unsigned proposals will be rejected;
- Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal; and
- 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.

CONTRACT

After selection of the successful proposer, a formal written contract will be prepared by the County of Erie 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 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.**

The term of the contract shall begin on or about October 1, 2023 until December 31, 2023 and then for a one (1) year period commencing January 1, 2024 (or less than one year commencing after January 1, 2024, if necessitated by any delays associated with the RFP and contracting processes), and terminating December 31, 2024. The County, in its sole discretion may extend the agreement beyond its initial term for up to an additional year at one-year periods at the same prices and conditions.

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 Consultant agrees:

- (a) That except for the amount, if any, of damage contributed to, caused by or resulting from the negligence of the County, the Consultant 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 Consultant or third parties under the direction or control of the Consultant; 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 insurance coverage described in “Schedule B”. 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 are to be considered “works made for hire”. If any of the deliverables do not qualify as “works made for hire”, the Consultant 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 Consultant agrees to assist the County, if required, in perfecting these rights. The Consultant shall provide the County with at least one copy of each deliverable.

The Consultant agrees to 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 Consultant 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 Consultant 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 Consultant may retain copies of such records for its own use.]

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 of Erie. Further, all proposers must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent 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.

and

b) Clearly identify the pages of the proposal 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

Attachment A: Erie County Department of Mental Health Transfer of Case Checklist

Client Name: _____

Grant Type): OMH

Date of Transfer:

Agency Transferring Record: _____

Agency Receiving Record: _____

Record has the following supporting documents:

- Erie County Department of Mental Health Interagency Referral
- ECDMH HUD Program Participant Demographic Information
- Diagnosis Verification
- Homeless Verification
- Income Verification
- Rental Stipend Worksheet
- Lease Agreement
- Apartment Inspection
- Payeeship Documents
- Case Summary
- Full 1 Year Copy of Case Record
- Verification of Completed Section 8 Application
- Other Subsidized Housing Applications Completed
- Inventory of Furnishings
- Signed Consent Between Agency Providers

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No N/A
- Yes No
- Yes No
- Yes No N/A
- Yes No N/A
- Yes No
- Yes No

Verified by Receiving Agency

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No N/A
- Yes No
- Yes No
- Yes No N/A
- Yes No N/A
- Yes No
- Yes No

Signature of Staff Transferring Record: _____ Date: _____

Signature of Staff Receiving Record: _____ Date: _____

Attachment B:

Erie County Department of Mental Health Interagency Referral

Participant: _____ **DOB:** _____ **SSN:** _____

Date of Initial Intake (Original Program) : _____

Admission Date (Original Program) : _____

This form serves as a formal referral for the case of the above named individual to be transferred from

_____ to _____.
(Original Agency) (New Agency)

Program Director (Print)

Program Director (Sign)

**Attachment C: Erie County Department of Mental Health Program
Participant Demographic Information**

Name: _____ DOB: _____ MD/MR/Ins # _____

SSN: _____ Gender: M F (circle one) Race: _____ Ethnicity: _____

Participant Address: _____ Contract Rent: _____
_____ Rental Stipend: _____

Income Source: _____ Income Amount: _____ Lease Expiration: _____

Landlord Name&: _____ Phone: _____
Address _____ Checks Payable to: _____

Emergency Contact : _____ Phone: _____
Name& Address _____

Care Management/ : _____ Phone: _____
Health Home _____
Name & Address _____ Care Manager Name: _____

Treatment Provider 1: _____ Phone: _____
Name & Address _____ Primary Counselor: _____

Treatment Provider 2: _____ Phone: _____
Name & Address _____ Primary Counselor: _____

Psychiatrist (if applicable): _____

PCP Name/: _____ Phone: _____
Address _____

DSS Case Worker: _____ Phone: _____

Rep. Payee/: _____ Phone: _____
Address _____

Attachment D: Erie County Department of Mental Health Transition Milestone Tracker

						Key	
						completed	anticipated
Activity	Agency						
Transition meeting(s) scheduled							
Verbal notice to residents							
Notice Sent to Residents							
Notice sent to landlords							
meeting with residents							
Dem. Forms Comp.							
Trans. Cklist							
Referral							
Releases Completed							
Joint visits							
Staffing in place							
Transition completed							

Appendix A	
RFP Submission Checklist	
RFP: OMH and BPC Long Stay Supported Housing	
RFP# 2023-044VF	
Item:	Agency:
One (1) original and five (5) copies Submitted by deadline stated in RFP.	
One page transmittal letter or memo	
ECDMH RFP Submission Package Checklist: Appendix A	
Signed Agency Cover Sheet Form: Appendix B	
Budget Form: Appendix D and related Budget Narrative (2 page limit)	
Proposal Narratives Limited to no more than 12 pages	
Letter Of Support Schedule A	
Disclosure of employees or officers who are currently a County employee or officer or have been within one year prior to the date of response to this RFP Schedule B	
Proposer Certification Schedule C	
Erie County Equal Pay Certification Schedule D	
Certified Minority Business Enterprise/Women's Business Enterprise (MBE/WBE) Schedule E	
Veteran Owned Business Schedule F	

*Please note Appendix C & Appendix E are For Your Reference Only

Appendix D – Must use Excel spreadsheet provided on website

<https://www3.erie.gov/mentalhealth/request-proposals>

Schedule D – Must use County of Erie Equal Pay Certification on website

<https://www3.erie.gov/mentalhealth/information-contract-agencies>

Appendix B
AGENCY COVER SHEET FORM - APPLICANT INFORMATION

ERIE COUNTY DEPARTMENT OF MENTAL HEALTH
OMH and BPC Long Stay Supportive Housing

RFP #2023-044VF

Instructions for completing

(This is to be the top sheet for the entire application package.)

Organization Name:	Please list the official name of your organization.
Mailing Address:	Please list the official address of your organization for mailing purposes; include city and ZIP code information.
Primary RFP Contact:	Please provide name, telephone number, FAX number, email address and, complete mailing address if different than organization mailing address above, for the primary contact for this proposal. Should you have a change in this information after submitting your application, please be sure to provide the updated information to <u>Tara.Karoleski@erie.gov</u>
Alternate RFP Contact:	Please provide name, telephone number, FAX number, email address and, complete mailing address if different than organization mailing address above, for an alternate contact for this proposal. Should you have a change in this information after submitting your application, please be sure to provide the updated information to <u>Tara.Karoleski@erie.gov</u>
Leadership:	Please list the name of your organization's Executive Director, President or Chief Executive Officer. If your organization has interim leadership, please list "Interim" in parentheses.

Signature (CEO or Equivalent)

Date

Printed Name and Title

Appendix B

**ERIE COUNTY DEPARTMENT OF MENTAL HEALTH
OMH and BPC Long Stay Supported Housing
RFP # 2023-044VF**

AGENCY COVER SHEET FORM - APPLICANT INFORMATION

Please refer to the instructions within the RFP for completing Appendix B
(This is to be the top sheet for the entire application package.)

Organization Name	
Mailing Address	
Primary RFP Contact	
Alternate RFP Contact	
Leadership	

Signature (CEO or Equivalent)

Date

Printed Name and Title

APPENDIX D: Must use Excel Spreadsheet provided on website:

<https://www3.erie.gov/mentalhealth/request-proposals>

Appendix D: OMH and BPC Long Stay Supported Housing; RFP # 2023-044VF		
Performance Component Budget		
Agency Name:		

Budget Line Items	Start Up Budget: 10/1/2023-12/31/2023	Annualized Budget: 1/1/2024 - 12/31/2024
Unique Persons Served/year		0
Cost/Unique Person Served/year	#DIV/0!	#DIV/0!
PERSONNEL COUNT		
# of Direct Care Worker FTE's	0.00	0.00
# of other staffing FTEs	0.00	0.00
TOTAL FTE	0.00	0.00
PROGRAM EXPENSE		
Transitional Supports	\$ -	\$ -
Personnel Services	\$ -	\$ -
FICA and Fringe Benefits	\$ -	\$ -
Other than Personal Services	\$ -	\$ -
Equipment	\$ -	\$ -
Property/Space	\$ -	\$ -
Agency Administration	\$ -	\$ -
1x start up costs (list separately by item)	\$ -	\$ -
Other:	\$ -	\$ -
TOTAL GROSS EXPENSES	\$ -	\$ -
DEFICIT FINANCING Request		
Local Govt Financing Request	\$ -	\$ -
Agency Voluntary	\$ -	\$ -
Donations	\$ -	\$ -
Other:	\$ -	\$ -
Other:	\$ -	\$ -
TOTAL DEFICIT FINANCING	\$ -	\$ -

**Up to \$50,000 in one-time funding to assist with employee recruitment and retention of NYS OMH supportive housing direct and supervisory staff which can be utilized over the first 24 months of operations.

Appendix E
“For Reference Only”



County of Erie Standard Insurance Certificate

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME PHONE (A/C No, Ext) FAX A/C No: EMAIL ADDRESS PRODUCER CUSTOMER ID #														
INSURED	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A:															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

X. FOR COUNTY USE ONLY:

Name of County Dept. Requesting Certificate	
Purchase Order or Contact Number	
Vendor Insurance Classification	

Appendix E "For Reference Only"

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						
Products Comp. Ops.	\$2,000,000						
Blanket Broad Form	Not Excluded or Limited		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Contractual Liability							
Broad Form P.D.							
X.C.U.							
Liquor Law				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 & Employer's Liability	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY
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 Location Endorsement CG 25 03 is Required.
- VIII. In the event the concessionaire is required to have a N.Y.S. license to dispense alcoholic beverages an endorsement for liquor liability is required.
- IX. Transportation of people in buses, vans or station wagons requires \$5,000,000 excess liability.
- X. Workers Compensation: State Workers' Compensation Board form DB-155 is required for proof of compliance with the New York State Disability Benefits Law.
Locations of operation shall be "All locations in Erie County, New York."

For those entities who request permits, licenses, or contracts are required to provide either an Affidavit of Exemption (BP-1) or Certificate of Insurance 105.2, Certificate of Self Insurance SI-12, DB-155, or a Certificate of Attestation CE-200 to evidence exemption of coverage by statute. It will be necessary to require alternate coverage and limits which will be defined in the bid specifications, contract, lease or agreement. The alternative specifications should be evidenced on the certificate in lieu of the standards printed above.

- XI. 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.

Appendix F: OMH Request for Proposal to Provide: OMH and BPC Longstay Supportive Housing RFP # 2023-044VF			
No Data needs to be entered on this document. This is only for your reference for the measures reported ClearPoint.			
Data Status	Measures	Definition	Series Name
	Admissions	Count of enrollments into the program during report period	Actual
	Discharges	The number of discharges from the program during the report period	Actual
	Unique Clients Served	Count of unduplicated clients served year to date (all enrolled)	Actual
	Race	Count of unduplicated clients served year to date (all enrolled) by self-identified race	Total
			White
			Black/African American
			Native American or Alaska Native
			Asian
			Native Hawaiian or Other Pacific Islander
			Two or More Races
			Declined to Answer
			Ethnicity
	Hispanic or Latino		
	Not Hispanic or Latino		

			Declined to Answer
Gender	Count of unduplicated clients served year-to-date by gender.	Total	
		Female	
		Male	
		Transgender / Gender Non-Conforming	
		Declined to Answer	
Age	Count of unduplicated clients served year-to-date (all enrolled) by age.	Total	
		12 and under	
		13-17	
		18-25	
		26-59	
		60 and over	
Number of Units of Service	Number of Units of Service based on CFR definitions	Actual	
Cost per Unit of Service	Total Expenses / Number of Units of Service based on CFR definitions. This is calculated field	Actual	
Positive Outcome	Of unique individuals served, number that maintained or were discharged to permanent housing YTD	Actual	
Cost per Positive Outcome	Number of positive outcomes in the reporting period divided by the total expense for that reporting period	Actual	
Positive Outcome by Race	Number with positive outcome by self identified race	Total	
		White	

			Black/African American
			Native American or Alaska Native
			Asian
			Native Hawaiian or Other Pacific Islander
			Two or More Races
			Declined to Answer
	Positive Outcome by Ethnicity	Number with positive outcome by self identified ethnicity	Total
			Hispanic or Latino
			Not Hispanic or Latino
			Declined to Answer
	Expenses	Total expenses for this program in report period	Actual
	Discharges to Homelessness	Number of residents discharged to an emergency shelter or place not meant for human habitation (excludes: incarceration, death, medical settings, detox, domiciles of friends or family, one's own domicile)	Actual
	Discharges to other destinations (excluded homelessness)	Number of residents discharged to other destinations	Incarceration
Death			
Medical Settings			

	and permanent housing)		Detox
			Domiciles of Friends or Family
			OMH Licensed Housing
	Discharges to Permanent Housing	Number of discharges to permanent housing destinations	Actual
	Median Length of Stay for positive discharges	Median length of stay from enrollment to discharge for residents of OMH SHP and HUD housing that discharged to permanent housing and for SRO residents who discharged to a lower level of care	Actual
	Employment at least 15 hours per week	Number of residents who had legal and verifiable employment for 15 hours a week	At least 90 days
			Less than 90 days
	Housed within 30 Days	Number of individuals housed in a permanent setting within 30 days of engagement	Actual
	FTE Vacancies	Number of vacant direct care FTEs funded through contract with ECDMH at the end of the report period	Actual
	Funded Direct Service FTE's	Number of FTE direct service positions funded through contract with ECDMH at the end of the report period	Actual
Number of beds filled	Number of beds filled at the end of the reporting period	Actual	
Capacity	Contracted capacity	Actual	

	Median Length of Stay for all discharges	The median number of days that discharged individuals were enrolled in the program	Actual
--	--	--	--------

**Appendix G: Erie County Department of Mental Health OMH and BPC Long Stay Supportive Housing Scoring Tool
RFP# 2023-044VF**

Funding Availability and Requirements 1a	Describe how your agency has been able to maximize funding within your contracted OMH SH programs.
1a Score	<p>0 = No response.</p> <p>1 = Applicant states they have been able to maximize funding. No other details provided</p> <p>5 = Applicant states they have been able to maximize funding and provide an example as to how their agency has had the ability to creatively serve individuals within the limited funding to ensure necessary services are delivered.</p> <p>10 = In addition to the positive characteristics for a score of “5” Applicant states they have been able to maximize funding and provides 2-3 examples of such. Response is supported by documents that are submitted to ECDMH Fiscal Office. Future initiatives are discussed that maximize funding to providing services to individuals needing housing.</p>
For 1b and 1c respond to the section that is most applicable to your agency when looking at contract years 2021 and 2022	
Funding Availability and Requirements 1b	OMH SH programs have recently received bed rate increase for funding. Even with the bed rate increase, Fair Market Rent has also increased. Please identify if your agency has operated with a deficit. Explain what policies and practices were implemented to positively reduce this deficit. What practices do you see your agency applying in the future to mitigate a deficit?
1b Score	<p>0 = No response.</p> <p>1 = Applicant has identified that their existing OMH SH program, has operated at a deficit but provided minimal details as to efforts implemented to take corrective action.</p> <p>5 = Applicant has identified that their existing OMH SH program, has operated at a deficit. Agency has provided specific plan and actions taken to minimize deficit.</p> <p>10 = In addition to the positive characteristics for a score of “5” agency has provided specific plan and actions taken to minimize deficit. Agency reports specific details and methods utilized to evaluate and identify potential for future deficits in an effort to mitigate those deficits. Response is supported by documents that are submitted to ECDMH Fiscal Office.</p>
Funding Availability and Requirements 1c	OMH SH programs have recently received bed rate increase for funding. Even with the bed rate increase, Fair Market Rent has also increased. If your agency has not operated at a deficit, describe in detail, what measures have been implemented to prevent that deficit. Describe what process staff utilizes to mitigate a potential deficit.
1c Score	<p>0 = No response.</p> <p>1 = Applicant has identified that their existing OMH SH program, has not operated at a deficit but provided minimal details as to efforts implemented to prevent a deficit.</p> <p>5 = Applicant has identified that their existing OMH SH program, has not operated at a deficit. Agency has provided specific plan and actions taken to minimize deficit.</p> <p>10 = In addition to the positive characteristics for a score of “5” agency has provided specific plan and actions taken to minimize deficit. Agency reports specific details and methods utilized to evaluate and identify potential for future deficits in an effort to mitigate those deficits. Response is supported by documents that are submitted to ECDMH Fiscal Office.</p>
	Total Score for Funding Availability and Requirement = _____

Workforce Staffing Recruitment and Retention	
Staffing Recruitment and Retention 2a	Describe how your agency will be able to quickly onboard staff specified by the transition date and certainly by the anticipated November 1 st commencement of operations to ensure smooth transition for existing recipients? How will the agency utilize additional funds to assist with recruitment of staff?
2a Score	0 = No response 1 = The description states that agency can onboard staff but does not provide information to support statement. 5= Minimal details are provided to address onboarding of staff and the use of additional monies to assist with recruitment of staff. 10 = In addition to the positive characteristics for a score of “5,” the agency reports the specific recruitment tactics to entice potential employees to apply. The agency indicates the rationale behind their hiring practices to minimize staff turnover.
Staffing Recruitment and Retention 2b	Describe rate of staff turnover, over the past two years, in your housing programs. How has your agency managed continuation of quality services through any staffing shortages within your current OMH SH programs? What is the in the agency strategic plan to positively impact staff retention and staffing vacancies?
2b Score	0 = No response 1 = The description states that agency experienced staff turnover and that services were continued but does not provide information to support statement or what is being done to impact staff retention. 5= Minimal details are provided related to staff turnover and how services were continued. Agency reports minimal details as to strategic plan for staff retention. 10 = In addition to the positive characteristics for a score of “5,” the agency reports the specific plan as to how staff turnover was handled. Agency provides examples of when staffing was impacting services and strategic interventions implemented to ensure proper care was provided to people served. Multiple examples are presented on effective strategies to engage the hard to serve population and assist with transition. Specific examples are identified on how the applicant has been able to retain staff.
Total Score for Staffing Recruitment and Retention =	

PROGRAM DESIGN The services described throughout your narrative should reflect the requirements in this RFP.	
Program Design Transition of Services 3a	ECDMH has a detailed transition process in place. It is expected that agencies follow the protocol set forth as a means to successful transition. Describe the transition process utilized if you were a provider under the HUD Consolidation grants. If this does not apply to your agency, depict an internal example related to transition within your organization
3a Score	0 = No Response 1 = Response acknowledges agency was part of a transition process but provides no specific details related to transition. 5 = Response includes specific details related to the transition. Agency identified process that was utilized for a successful transition. Barriers were described as well as plan to address barriers. 10 = In addition to the positive response to for a score of “5”, agency identified enhancements to the previously used transition process. Additional suggestions were identified to improve the process.
Program Design Community Supports and Services 3b	Describe what innovative and sustainable housing options, creative strategies and related supports you will employ to facilitate timely and positive outcomes consistent with the goals of this RFP. List some creative housing options and describe how you might go about achieving success. Indicate how your agency has collaborated with other community providers. Describe how you will collaborate with community supports to build sustainable skills that will support the individual’s ability to successfully navigate future situations that may disrupt or risk continued community tenure, effective linkages to natural and community resources that will facilitate sustainability of the outcomes.
3b Score	0 = No response. 1 = Description of housing options, and strategies to achieve independent sustainable housing and related supports is provided however, does not include particularly innovative or creative options or strategies and is more reflective of the existing paradigm of service delivery 5 = Description includes innovative and creative services and supports and how those will be provided to the target population by other organizations or by program staff from other programs of your organization to support the paradigm change in practice. The list of housing options is modestly indicative of creative options or strategies. The program clearly identifies the respective roles of community supports. The program clearly states what the additional services are and how the additional services enhance those services being provided by the proposed program. 10 = In addition to the positive characteristics for a score of “5,” The list of housing options is clearly creative and innovative in a manner that is indicative of the paradigm shift while reasonably being likely to succeed. The description provides a clear sense and service methodology that places a priority and clear intent on sustainable supports and related skill development that will help the individual successfully navigate future situations that may disrupt or risk continued community tenure.
Program Design Daisy Chain/Backfill Process 3c	In an effort to provide the appropriate level of care to individuals in the community, continual assessment to those enrolled in OMH licensed housing such as Single Room Occupancy (SRO) or Treatment Supervised Apartment (TSA) is necessary. Those discharged from BPC services and hospitals may need the additional support and services of a Licensed Housing Provider. Present examples of instances when your agency was part of a daisy chain/backfill process. What innovative methods were utilized to motivate individuals to successfully transition people receiving services to a least restrictive level of care? Identify what supports were initiated to assist with the transition. What steps were taken to address barriers and engage the individual in a successful transition?
3c Score	0 = No response 1 = Description reports that agency has had involvement in a daisy chain process. Strategies to achieve independent sustainable housing and related supports is provided however, it does not include particularly innovative or creative options or strategies and is more reflective of the existing paradigm of service delivery.

	<p>5 = Description includes specific examples of daisy chain/backfill process. Description includes innovative and creative services and supports and how those will be provided to the target population by other organizations or by program staff from other programs of your organization to support the paradigm change in practice. The list of methods to motivate individuals is modestly indicative of creative options or strategies.</p> <p>10 = In addition to the positive characteristics for a score of “5,” Literature and/or data is highly supportive of creative and innovative options and strategies. The list of methods to motivate people is clearly creative and innovative in a manner that is indicative of the paradigm shift while reasonably being likely to succeed. Based on description, there is likelihood that barriers presented will be addressed and that successful transition will occur.</p>
Program Design Reduction of Moves and Evictions 3d	Moves and evictions can be taxing on providers and disruptive for individuals served. Increased moves can negatively impact allocated money for SH programs. Provide data for the last 2 years on the number of moves and evictions that have occurred in current OMH programs. Specify the actions taken in an effort to decrease moves and evictions. Identify creative means to work with tenant and landlord in an effort to minimize moves and evictions. What practices are utilized to foster new landlord relationships?
3d Score	<p>0 = No Response</p> <p>1 = Description reports the number of moves and evictions with in contracted supported housing programs. There is no mention of a specific plan established to minimize the number of moves and evictions. Agency does not identify any creative means in which they are working with the target population and landlords to minimize moves/evictions. There is no mention of how ne landlord relationships are developed.</p> <p>5 = Description reports the number of moves and evictions with in contracted supported housing programs. A specific plan established to minimize the number of moves and evictions. Agency identifies creative means in which they are working with the target population and landlords to minimize moves/evictions. Some statements reflect some work is being done to increase landlord relationships.</p> <p>10 = In addition to the positive characteristics for a score of “5”, agency provides research for additional methods to practice. A creative plan is set forth for future practice and implementation</p>
	Total Score for Program Design =

Service Provision	
	Service Provision It is expected that the applicant provides services that are congruent with the 2022 OMH Supportive Housing Guidelines. In line with this guidance, monthly face to face contacts are required. Documentation should reflect all attempts to engage the consumer to meet this requirement. It is expected that the awardee of this RFP will collaborate with other providers associated with the consumers to ensure the best possible outcomes. The standard to house a consumer is 45 dates from date referral is received by the agency.
Service Provision Developing relationships 4a	Describe the current practice of service delivery in providing OMH supported housing services to the targeted population. What creative methods has your agency implemented to develop relationships with consumers who might be difficult to engage?
Developing Relationships 4a Score	0 = No response 1 = Minimal details are provided as to how services are delivered. Applicant states creative methods are used to develop relationships with those hard to engage, but no specific details are provided. 5 = More details are provided related to how services are administered to consumers. Specific examples are provided as to actions taken with consumers whom might be difficult to engage. 10 = In addition to the positive characteristics for a score of “5”, agency provides examples of how staff actually are providing services using a case specific example. A good understanding is conveyed as to the services that are being provided by the housing specialist. An example is provided on an individual that has been difficult to engage, specific steps used to engage that individual and the success of implementing those steps are reported.
Service Provision Monthly visits 4b	As part of service provision, monthly face to face visits are required. These monthly contacts are essential in assisting individuals in the housing service for progressing towards their goals. Based on reviews conducted by ECDMH, these monthly visits do not always occur. Describe the agency policy on monthly visits. What happens when the monthly visit does not happen? Staffing may be a reason the visit did not transpire. Describe what the agency implements when there are staffing issues that impact the monthly face to face visit.
Service Provision Monthly visits 4b Score	0 = No Response 1 = Applicant states that there is a policy and plan in place if monthly visits do not happen, but no specific details are provided. 5 = Agency summarizes the policy related to monthly visits and the process when those visits do not occur. A clear understanding is presented when staffing issues impacts monthly visits. 10 = In addition to the positive characteristics for a score of “5”, examples are provided for corrective action when monthly visits are not conducted. The examples illustrate the process implemented when the visit does not occur due to the consumer as well as when visit does not occur due to staffing issues.
Service Provision Quality Assurance (QA) 4c	Describe your quality assurance process for review of consumer files. If the standard practice has not been followed, describe how corrective action will be executed?
Service Provision Quality Assurance (QA) 4c Score	0 = No Response 1= Applicant states a quality assurance process is in place but provides no specific details. 5 = Applicant describes the quality assurance process that presents a clear understanding of the process. An example is provided as at to when there was a QA review and corrective action had to be implemented. 10 = In addition to the positive characteristics for a score of “5”, the applicant provides an example for when corrective action was necessary and the process for ensuring that the corrective action plan was followed, and practice has changed. Applicant reports the training provided to staff to ensure understanding and practice have changed.

Days to Housed and Preferences 4d	ECDMH will be utilizing a report from Salesforce to generate days to housed for 2021, 2022, through Q1 of 2023. The ECDMH standard for date a referral is sent from A-SPOA Housing to agency is that the individual is housed in 45 days. ECDMH will review 2021, 2022, and Q1 2023 median days to house. What practices does your agency implement to ensure this standard is met? If standard is not met, what has your agency implemented to make improvements to reduce the days to house. What is utilized to take consumer preferences into consideration when conducting apartment searches.
Days to Housed and Preferences 4d Score	0 = No Response 1 = Applicant states the standard is either met or not but provides no other details. 5 = Applicant reports specific interventions that have been or will be used to reach the standard. 10 = In addition to the positive characteristics for a score of “5”, applicant reports on the continuous QA efforts put into place to reach this standard. Agency reports on developing new landlord relationships to offer more housing options to individuals in the program. Agency reports all the efforts to take the individuals preferences into consideration.
	Total Score for Service Provision _____

Data Records and Reporting	
Data Records and Reporting ClearPoint Reports 6a	<p>ClearPoint Reports (submitted in 2021, 2022 and through the 2023 Q1 report)</p> <p>For this section, ECDMH will be creating a report for reviewing the positive outcome as well as the positive outcome by race and ethnicity. What has your agency implemented to have success in achieving the positive outcome as identified in the ClearPoint reports? Describe how the agency is reviewing and utilizing Positive Outcome by Race and Ethnicity. What practices have changed if there are any noted disparities for race and ethnicity?</p>
Data Records and Reporting ClearPoint Reports 6a Score	<p>0 = Did not answer</p> <p>1 = Description is vague and offers non-specific or minimal information.</p> <p>5 = Agency states success with outcome, states that Agency reviews ClearPoint Reports. Agency indicates that data is utilized to inform practice. Agency discussed disparities, if any, and how to remedy those disparities.</p> <p>10 = In addition to that described above for 5 points, agency provides a thorough plan with providing examples how the previously used data to inform practice and any necessary training that was provided to staff in the agency. Example clearly illustrates how practice was changed for the agency as a whole which lead to better outcomes for the people they serve</p>
Data Records and Reporting OMH SH Housing Site visits 6b	<p>OMH Supportive Housing Site Visit (conducted by ECDMH between 2021-2023)</p> <p>What practices have changed due to the scoring on the site reviews conducted? Provide response for every year in which a review was conducted. In the event a review did not happen during this time frame, due to good performance and the tiered methodology for OMH SH Review, what practices are in place to ensure quality services are being delivered and OMH SH 2022 Guidelines are being followed?</p>
6b Score	<p>0=No Response</p> <p>1=Minimal details are provided.</p> <p>5=Response indicates that applicant has provided a response to the review and the corrective action that occurred. Agency comments on the each year that needed a review. There is mention as to some actions taken by the agency to improve performance.</p> <p>10= In addition to that described above for 5 points, agency hasn't had a OMH SH Site review for 2 out of the 3 years and describes practices to ensure OMH Guidelines are followed that ensures score on review is high.</p>
Data Records and Reporting A-SPOA Sales Force Database Days to Housed 6c	<p>ECDMH will be utilizing a report from Salesforce to generate days to housed for 2021, 2022, through Q1 of 2023. The ECDMH standard for date a referral is sent from A-SPOA Housing to agency is that the individual is housed in 45 days. ECDMH will review 2021, 2022, and Q1 2023 median days to house. What practices does your agency implement to ensure this standard is met? If standard is not met, what has your agency implemented to make improvements to reduce the days to house.</p>
Data Records and Reporting A-SPOA Sales Force Database Days to Housed 6c Score	<p>0 = No Response</p> <p>1 = Applicant states the standard is either met or not but provides no other details.</p> <p>5 = Applicant reports specific interventions that have been or will be used to reach the standard.</p> <p>10 = In addition to the positive characteristics for a score of "5", applicant reports on the continuous QA efforts put into place to reach this standard. Agency reports on developing new landlord relationships to offer more housing options to individuals in the program.</p>
Data Records and Reporting A-SPOA	<p>A-SPOA Salesforce Database (capacity and utilization for 2021, 2022 and through Q1 of 2023)</p> <p>What procedures have been implemented to ensure the 90% capacity threshold is met?For each year when the threshold was not met, provide reasoning as to why 90% capacity was not maintained and the plan to reach goal.</p>

Salesforce Database Capacity 6d	
Data Records and Reporting A-SPOA Salesforce Database Capacity 6d Score	<p>0 = No Response</p> <p>1 = Applicant states the standard is either met or not but provides no other details.</p> <p>5 = Applicant reports specific interventions that have been or will be used to reach the standard.</p> <p>10 = In addition to the positive characteristics for a score of “5”, applicant reports on the continuous QA efforts put into place to reach this standard.</p>
Data Records and Reporting Fiscal 6e	Please note that timely submission of Cost Reports, HUD invoicing, Quarterly reporting, CFR’s, OASAS Prospective Budget Submissions and other reporting elements will also be used in the evaluation of the application submission.
Data Records and Reporting Fiscal 6e	<p>0 = Reporting is on time 60% of the time over the last 2 years</p> <p>5 = Reporting is on time 70% of the time the last 2 years</p> <p>10 = Reporting is on time 80% of the time the last 2 years</p> <p>20 = Reporting is on time 90% of the time the last 2 years</p>
	Total Score for Data Records and Reporting

Accountability and Evaluation	
Quality Improvement ea	Applicants are expected to conduct extensive and thorough data collection to closely monitor all desired outcomes. Describe your experience using data with Quality Improvement (QI) and how it has affected practice and outcomes. Provide specific data. Describe your organizational capacity to conduct a quality improvement process. Describe how you envision the use of quality improvement for this initiative to achieve the desired outcomes.
Quality Improvement ea Score	<p>0 = Did not answer. Did not include all required performance measures and/or, included non-required performance measures. Use of data not evident.</p> <p>1 = Vague description of QI capacity. Little supportive data provided. No historical QI experience presented.</p> <p>5 = QI capacity from a historical perspective as well as plan for implementation within this initiative is clearly articulated. Actual QI activity and data are clearly described as a QI function.</p> <p>10 = In addition to a positive score of a “5”, conveys a sense that achievement of specified performance is highly likely as supported by historical data supporting an intervention related to effective QI practice. Description conveys a clear sense that QI in collaboration with community partners will effectively manage the desired outcomes.</p>
Total Score for Accountability and Evaluation Total =	

Budget Narrative

Provide a budget narrative and supporting spreadsheet indicating your funding request. This should indicate and justify your request for funding. All expenditures should be in support of the achievement of the stated outcomes within this RFP. Where you are able to provide in kind staffing, support or services please indicate the same.

PERFORMANCE COMPONENT BUDGET (Appendix D)	
Budget 5a	<p>Provide a budget narrative and spreadsheet (Appendix D) that outlines and clearly justifies your request for funding up to \$1,285,620.</p> <p>A reasonable startup amount will be made available in 2023 inclusive of staffing ramp up for the October 1-December 31, 2023 transition period. Indicate if Start-up funds will be requested and provide details as to how it will be utilized.</p> <p>One-time funding, \$50,000 will be available to assist with employee recruitment and retention of NYS OMH supportive housing direct and supervisory staff which can be utilized over the first 24 months of operations. How would the transition dollars be used through the transition process?</p>
Budget Score 5a	<p>0 = Missing or incomplete</p> <p>1 = Complete, but reflects inconsistencies with component’s program narrative, especially in regard to staffing.</p> <p>5 = Complete, clear and appears realistic with minor inconsistencies. Additional information where requested is provided and is clear.</p> <p>10 = In addition to reference for a “5”, it is without any notable inconsistencies. Appears viable. Funding utilization is clear in its detail of support of a practice paradigm shift and the achievement of desired outcomes. Budget may contain sources of funding for transitional supports and/or staffing that are obtained beyond the funding provided within this RFP. (Budget Narrative and spreadsheet are considered in this scoring)</p>
<p>Total Score for Budget = x 1.5 weighting=</p>	
<p>TOTAL SCORE ALL AREAS: _____</p>	

The results of possible agency interviews may be factored into such a qualitative evaluation.

SCHEDULE C
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 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 of Erie for the required services. The undersigned agrees and understands that the County of Erie 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 of Erie, its directors, officers, employees or agents unless an agreement is signed by a duly authorized officer of the County of Erie and, if necessary, approved by the Erie County Legislature and Erie County Fiscal Stability Authority and the Office of the County Attorney.

It is understood and agreed that the County of Erie 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 of Erie reserves all rights specified in the Request for Proposals.

It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the County of Erie 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.

By: _____
Proposer's Signature

Printed Name and Title

