|  |  |
| --- | --- |
|  | **RFP Appendix A: Proposal to Provide Service** Department of Social ServicesRFP #2024-013VF |

***All fields must be completed. If not applicable, list “N/A”.***  ***Incomplete proposals may be considered non-responsive.***

**AGENCY INFORMATION**

|  |
| --- |
| **Agency Name -** List the official name of your organization. |
|       |
| **Agency Name –**List other name if used. |
|  |
| **Telephone Number -** List the main contact number for your agency. |
|       |
| **Address -** List the official mailing address of your agency; include city and ZIP code information. |
|       |
| **Website -** Provide your agency’s website address (if applicable). |
|       |
| **Leadership -** List the name of your agency’s Chief Executive Officer, Executive Director, or President. |
|       |
| **E­mail -** Provide the e­mail address for your agency’s leader. |
|       |
| **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 ID # -** If non-profit, please provide 501(c)(3) not-for-profit entity ID # and date established as such. |
|       |
| **MBE/WBE -** Indicate whether your agency is a Certified Minority Business Enterprise/ Women’s Business Enterprise (MBE/WBE). |
|       |
| **Veteran-Owned Business -** Indicate whether your agency is a Veteran-Owned Business. |
|       |
| **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. |
|       |
| **Subcontractors -** List all subcontractors that your agency does business with related to this service. |
|       |

**CONTACT PERSON INFORMATION**

|  |
| --- |
| **Name -** Please list the name of the person who should be contacted regarding your proposal. |
|       |
| **Telephone Number -** Please list the phone number of the person who should be contacted regarding your proposal. |
|       |
| **E­mail -** Please provide the e­mail address for the person to be contacted regarding your proposal. |
|       |

|  |  |
| --- | --- |
|  | **RFP Appendix A: Proposal to Provide Service** Department of Social ServicesRFP #2024-013VF |

**APPENDIX A: TECHNICAL AND ORGANIZATION**

1. Organization’s background. (1 page)
2. A summary of the organization’s mission, goals, history, programs, major accomplishments and challenges. (1 page)
3. Project Description (5-10 pages)
	* Briefly describe the proposed project.
	* Explain the significance of the project.
	* Describe the expected outcomes and the indicators of those outcomes.
	* Describe who and how will benefit from the project. (Please include percentage urban, suburban and rural.)
	* Outline the strategy and timeline to be used in the development and implementation of the project.
	* Describe how this project aligns with Live Well Erie priority areas and priority areas.
	* Describe how the project will be evaluated.
4. Recommended attachment(s):
	* Letter(s) of support from Erie County Department Heads and/or Erie County Legislators.

**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* |