



**ERIE COUNTY**

**REQUEST FOR PROPOSAL (RFP)**  
**TO PROVIDE**  
**YOUTH SPORTS AND EDUCATION**  
**SERVICES**

**RFP # 2024 - 018VF**

**Erie County Department of Social Services**

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

**COUNTY OF ERIE, NEW YORK  
REQUEST FOR PROPOSALS (“RFP”) #2024 – 018VF  
TO PROVIDE YOUTH SPORTS AND EDUCATION PROGRAMMING**

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## **I. INTRODUCTION**

The County of Erie, New York (the “County”) is currently seeking proposals from qualified agencies (“Proposer”) interested in providing Youth Sports and Education services to at-risk youth ages 6-17 residing in Erie County for the period 10/1/2024 – 9/30/2025. Proposers interested in providing this service are invited to respond to this request.

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

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

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

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

## **II. FUNDING AND BUDGET**

A maximum of \$20,000 is potentially available per funding request for local not-for-profit agencies. All applications, regardless of type of entity and past funding allocations, will be subject to the same competitive scoring criteria and process.

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

Future awards will be dependent on available funds and subject to the demonstrated fiscal and programmatic stability of the applicant agency, as well as their meeting all of the Erie County Department of Social Services (ECDSS) requirements. More than one provider may be selected for funding for 2024 - 2025.

### III. PROPOSAL TIMEFRAMES

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

|                            |  |
|----------------------------|--|
| Issue RFP:                 | 03/21/2024   |
| RFP Informational Meeting: | 4/4/2024 at 11:00 am<br>Via WEBEX – see instructions below           |
| Proposals Due:             | 4/24/2024 by 4:00 PM.<br><b>Late proposals will not be accepted.</b> |
| Selection Made by:         | Summer 2024  |
| Contract Signed:           | Following all necessary County approvals.                            |

**Join from the meeting link**

<https://erie.webex.com/join/judith.kolmetz>

**Join by meeting number**

Meeting number (access code): 961 831 292

**Tap to join from a mobile device (attendees only)**

[+1716-858-2250](tel:+17168582250) United States Toll (Buffalo)

[+1-415-655-0003](tel:+14156550003) United States Toll

**Join by phone**

+1 716-858-2250 United States Toll (Buffalo)

+1-415-655-0003 United States Toll

Access code: 961 831 292

[Global call-in numbers](#)

**Join from a video conferencing system or application**

Dial [judith.kolmetz.erie@webex.com](mailto:judith.kolmetz.erie@webex.com)

You can also dial 173.243.2.68 and enter your meeting number.

If you are the host, you can also enter your host PIN in your video conferencing system or application to start the meeting.

Need help? Go to <https://help.webex.com>

## IV. GENERAL REQUIREMENTS

1. Each proposal shall be prepared simply and economically avoiding the use of elaborate promotional materials beyond what is sufficient to provide a complete, accurate and reliable presentation.

**NOTE: THERE IS A LIMIT OF ONE PROPOSAL PER AGENCY.**

2. Your proposal must be comprised of 3 sections:

### Appendix A

- Proposal to Provide Service
- Signed Schedule A
- For agencies not currently contracted with ECDSS to provide the requested service: References and data from similar work

### Appendix B

- Signed Fiscal Form
- Budget form OCFS-5005

### Appendix C

- Most recent Audit Report prepared by an independent CPS
  - Most recent Management Letter
  - Listing of Officers and Board of Directors
3. Proposals MUST be signed using the attached Schedule A: Proposer Certification. Unsigned proposals will be rejected.
  4. Submission of the proposals shall be uploaded as three separate documents (Appendix A, B and C) to: [OnBase Unity Form](#). *You may see an error at the end of the submission. You will receive an email confirming if it has been submitted.*
  5. If unable to upload the proposal, a printed submission may be submitted to: Erie County Department of Social Services, Attn: Judith Kolmetz, 95 Franklin Street Room 804, Buffalo, NY 14202. All proposals must be submitted on or before **04/24/2024** at 4:00 p.m. **Proposals received after the above date and time will not be considered.** The County is under no obligation to return proposals.
  6. Requests for clarification of this RFP must be written and submitted to Judith Kolmetz at the above address, or at [Judith.Kolmetz@erie.gov](mailto:Judith.Kolmetz@erie.gov) no later than 4:00 pm on 04/02/2024. A list of questions and answers will be posted on the County website 04/09/2024. No communications of any kind will be binding against the county, except for the formal written responses to any request for clarification.
  7. Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal. Those Proposers will be notified to arrange specific times.
  8. No proposal will be accepted from nor any agreement awarded to any Proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any Proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.
  9. Information on the Standard Insurance Provisions required of agencies selected as a contractor of this service is included in this RFP. This document is for informational purposes only, and is not to be submitted by the Proposer for the purposes of this RFP.

10. All potential contract-holders with Erie County shall agree to comply with Executive Order 13 (2014), and the Agency shall make such records available, upon request, to the County's Division of Equal Employment Opportunity for review. (A copy of Executive Order 13 is available here: [Executive Order 13](#)). All contract holders will be required to sign the Erie County Equal Pay Certification (attached). The County shall have the right, upon reasonable notice and at reasonable times, to inspect the books and records of the Agency, its offices and facilities, for the purpose of verifying information supplied in the Erie County Equal Pay Certification and for any other purpose reasonably related to confirming the Agency's compliance with Erie County Executive Order No. 13 (2014). Violation of the provisions of Executive Order 13 (2014), which is attached hereto and made a part hereto and made a part hereof, can constitute grounds for the immediate termination of a contract, and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.
11. All potential contract-holders with Erie County shall agree that administrative costs may not exceed 15% of the requested funds.
12. Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE) proposers shall include the Erie County MBE/WBE Certification letter with their proposal.
13. A business that is a certified Service Disabled Veteran Owned Business (SDVOB) under the New York State Service-Disabled Veteran-Owned Business Act shall include the letter indicating their company is 51% or more veteran-owned with their proposal.
14. All proposers must disclose the name, title, and department of any employee or officer who is or was an employee or officer of Erie County within the 12 months immediately prior to the proposal.
15. If requested, proposers must provide a list of at least three references from community partners and collaborators or an individual with knowledge of and experience with the specific services being offered.
16. All proposers must provide a list of all prime contractors and subcontractors that their agency does business with related to the service in this RFP.
17. All proposers must include the name of their Language Access Coordinator. A copy of your Language Access Policy is required at contracting.
18. All proposers must include the name of their Americans with Disabilities Act (ADA) Coordinator. A copy of a written ADA policy is required at contracting.

**ORGANIZATIONS AND ACTIVITIES NOT ELIGIBLE FOR FUNDING:**

- For-profit organizations or businesses
- Private foundations, as defined in section 509(a) of the U.S. Internal Revenue Code
- Organizations that discriminate based on age, ethnicity/race, political affiliation, religion, sexual orientation, gender, gender identity, physical or other disability, national origin, or any protected characteristic under local, state, and/or federal law
- Research or project-planning activities
- Support for elite or private sports camps, programs, or teams
- Endowments, memorials, budget deficits, or fundraising activities
- Religious organizations whose sports programs do not have a secular and community focus
- Lobbying, political, or fraternal activities
- Capital projects

## **V. SCOPE OF PROFESSIONAL SERVICES REQUIRED**

### **INTRODUCTION**

The purpose of this Request is to solicit applications to the Erie County Youth Bureau for 2024-2025 Youth Sports and Education Programming. These awards are designed to promote positive youth development and address long-term juvenile delinquency prevention within Erie County. As a trauma-informed organization, ECDSS incorporates the five principles of trauma informed care (collaboration, safety, trustworthiness, empowerment, and choice) throughout its services to promote resilience and healing. The mission of the Erie County Youth Bureau is to serve youth and families through positive youth development, advocacy, delinquency prevention and intervention programs that strengthen families and communities. All grants are appropriated by the Erie County Youth Bureau and Department of Social Services, and awarded to local applicants targeting 'at risk' youth 6-17 years of age.

Eligible applicants are local youth bureaus/recreation departments in Erie County providing services to at-risk youth in the targeted age group. Organizations not part of a unit of local government must have their own 501(c)(3) status; use of other organizations' 501(c)(3) status as a "pass through" is not permitted. Charter schools may not apply; however, programs may take place at charter schools, provided that they are run by an eligible applicant. "Drop-in" programs, while permitted, will receive lower funding priority than programs where youths must register.

### **HISTORY AND CONTEXT**

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

Youth Sports and Education Funding awards are guided by the following principles:

- Sports are effective tools in positive youth development and family engagement.
- Sports improve the lives of young people by promoting positive social, emotional, health, and educational outcomes and have important life-long effects.
- Sports enable opportunities for young people to thrive through leadership roles.
- Coaching education greatly improves young people's sports experience and development outcomes.

### **SCOPE OF WORK**

Funded programs must provide a variety of sports for a broad range of youth in under-resourced communities. A wide and flexible definition of sports is encouraged that encompasses any organized activities with movement, including physical fitness activities such as yoga, hiking, dance, and active outdoor pursuits.

All funded programs must aim to foster the following:

- Educational connection and achievement – More youth attending and completing school with increased attainment, including collegiate placement success
- Physical health and well-being – Increasing physical activity and positive relationships to one's body and physical activity

- Mental health and well-being – Improving outcomes related to youth’s mental health and social and emotional skills development and connectedness
- Employment – Increasing qualifications and skills, such as collective problem-solving, teamwork, and dispute resolution, which help prepare youth for suitable employment
- Community cohesion – Breaking down barriers to reduce discrimination, crime, and violence in communities and help young leaders emerge

To ensure that funding is going to the intended population, funding decisions must consider factors including, but not limited to the following:

- historically under-resourced communities;
- public housing;
- high rates of family homelessness;
- Opportunity Zones or neighborhoods/cities/areas deemed “low-income” via externally available tools like the New York State Council on Children and Families Kids’ Well-being Indicators Clearinghouse;
- marginalized communities or groups with higher barriers to participation in sports (e.g., youth with disabilities; girls; transgender/gender non-binary youth; and youth who identify as lesbian, gay, bisexual, or questioning);
- federally and/or New York State-recognized tribes and tribal organizations; and
- neighborhoods that experience higher rates of crime and violence and have lower-performing schools.
- programs that serve youth identifying as Black, indigenous, or people of color
- providers of adaptive sports for youth with physical disabilities.

## **GENERAL REQUIREMENTS:**

Successful proposers will:

- Run said program from October 2024 – September 2025 in accordance with a typical academic calendar. A year round program may run during the summer as well, according to the discretion of the applicant.
- Maintain a child-to-staff ratio of no more than 15:1.
- Not turn away a youth based on the inability of the youth’s family to afford any membership fees associated with program participation. A funded program may not charge a fee for programs without sufficient proof that a scholarship or tier-cost system is utilized to ensure equal access to all participants regardless of financial resources.
- Be monitored unannounced during the course of the program period, in order to ensure safety and programmatic/fiscal accountability.
- Attend specified trainings, as directed by the Erie County Youth Bureau.
- Complete and submit a New York State Annual Assessment (using the OCFS Program Annual Report form). This will be required 30 days upon completion of the program year.
- Complete and submit New York State Quality Youth Development System (QYDS) forms 5001, 5002, and 5003.
- Utilize Erie County Youth Bureau Youth Services Report Dashboard (YSRD) performance measurement system.
- Procure and maintain in force, for the duration of any contract, such insurance as is deemed appropriate by the Erie County Department of Social Services in types and in such amounts as are specified in the Erie County Standard Insurance Certificate, which shall be completed and signed by the Contractor’s insurance company prior to contract execution. Said certificate need not be submitted with the proposal but will be required prior to contract execution and payment for services.



- Manage and retain a skilled and appropriately educated workforce.
- Maintain regular communication with ECDSS/Erie County Youth Board in a timely manner.
- Provide culturally appropriate services to individuals with special needs; i.e. disabilities, language and cultural barriers, etc., including language translation services, which can be included in budgeted direct operating costs.
- Adhere to documentation standards as set forth by Federal and State regulation, as well as ECDSS policies.
- Provide staff training and internal quality assurance audits on a regular basis
- Manage funds from a government funding source and maintain billing systems.
- Submit required data and abide by designated documentation regulations in a timely manner, as instructed, by County in order to claim reimbursement for services, including the OCFS Annual report complete with all associated outcomes as well as all other reports and forms.

## **COMPENSATION**

- The Unit of Service is defined as One Youth Participant.
- Reimbursements typically occur on a quarterly basis. Expense reports and backup documentation must accompany said reimbursement requests.
- Funding may provide general operating dollars to give programs flexibility to efficiently allocate resources for quality programming. Line-item budgets should focus on programming costs, including, but not limited to, the following:
  - Coaches/instructors/direct service staff/mentors (including training/professional development)
  - Equipment
  - Educational programming costs
  - Facility/field space cost
  - A maximum of 15% of program funds may be used to support administrative/overhead costs

## **VENDOR EXPERIENCE AND QUALIFICATIONS**

- Provide structured sports activities for youth ages 6-17
- Serve youth in New York State
- Demonstrate basic competence in the areas of governance, monitoring, evaluation, partnership, and financial stewardship
- Provide a Solution Focused Trauma Informed Care environment incorporating the five principles of collaboration, safety, trustworthiness, empowerment, and choice throughout services to promote resilience and healing.
- Ensure policies, practices, systems, and structures improve outcomes for everyone, prioritizing measurable change in the lives of people of color to eliminate racial disparities and promote racial equity.
- Demonstrate knowledge, experience and understanding of the needs, risks, challenges and opportunities faced by the target population, as well as demonstrate experience in effectively implementing programs that promote positive client outcomes.
- Have a child protection policy in place that includes adherence to local city, agency, school district, and state child protection guidelines.

## PERFORMANCE MEASURES AND DATA COLLECTION

- Complete and submit New York State Quality Youth Development System (QYDS) forms 5001, 5002, and 5003 at the beginning of the program year.

Agencies be required to report demographics and outcomes through QYDS. The Life Area and SOS selections that will be required in QYDS for YSEF are as follows:

**Life Area:** 2PEH Physical and Emotional Health

**SOS:** 0232 Year-Round/Seasonal Activities

**Performance measures:**

How Much: 0232A.1 – Number of youth participating (unduplicated)

How Well: 0232B.4 – Percent of youth completing the program

Better Off: 0232C.1 – Number and percent reporting they have improved their ability to socialize/interact with peers/family/other members of the community

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

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

- To reject any or all proposals;
- To issue amendments to this RFP;
- To issue additional solicitations for proposals;
- To waive any irregularities or informalities in proposals received after notification to Proposers affected;
- To select any proposal as the basis for negotiations of a contract, and to negotiate with one or more of the Proposers for amendments or other modifications to their proposals;
- To conduct investigations with respect to the qualifications of each Proposer;
- To exercise its discretion and apply its judgment with respect to any aspect of this RFP, the evaluation of proposals, and the negotiations and award of any contract;

- To enter into an agreement for only portions (or not to enter into an agreement for any) of the services contemplated by the proposals with one or more of the Proposers;
- To select the proposal that best satisfies the interests of the County and not necessarily on the basis of price or any other single factor;
- To interview the Proposer(s);
- To request or obtain additional information the County deems necessary to determine the ability of the Proposer;
- To modify dates;
- All proposals prepared in response to this RFP are at the sole expense of the Proposer, and with the express understanding that there will be no claim, whatsoever, for reimbursement from the County for the expenses of preparation. The County assumes no responsibility or liability of any kind for costs incurred in the preparation or submission of any proposal;
- While this is an RFP and not a bid, the County reserves the right to apply the case law under General Municipal Law § 103 regarding bidder responsibility in determining whether a Proposer is a responsible vendor for the purpose of this RFP process;
- The County is not responsible for any internal or external delivery delays, which may cause any proposal to arrive beyond the stated deadline. To be considered, proposals MUST arrive at the place specified herein and be time-stamped before the deadline.

## **EVALUATION**

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

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

## **EVALUATION PROCESS**

Each proposal will undergo an initial administrative review for completeness. In order for a proposal to be evaluated, it must include all required documents. Upon completion of the administrative review, and at the sole discretion of the Commissioner, the Department will request any missing

documentation from the Proposer, and will review all documents for completeness upon receipt of the missing documents. All required documents for a complete proposal, as set forth in this RFP, must be submitted and be completed to the satisfaction of the Department within forty-eight (48) hours of request in order for the proposal to be deemed responsive and eligible for Contract award.

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

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

## **CONTRACT**

After selection of the successful Proposer, a formal written contract will be prepared by the County and will not be binding until signed by both parties and, if necessary, approved by the Erie County Legislature, the Erie County Fiscal Stability Authority and the Office of the County Attorney. NO RIGHTS SHALL ACCRUE TO ANY PROPOSER BY THE FACT THAT A PROPOSAL HAS BEEN SELECTED BY THE COUNTY FOR SUBMISSION TO THE ERIE COUNTY LEGISLATURE AND/OR IF NECESSARY THE ERIE COUNTY FISCAL STABILITY AUTHORITY FOR APPROVAL. THE APPROVAL OF SAID LEGISLATURE AND/OR AUTHORITY MAY BE NECESSARY BEFORE A VALID AND BINDING CONTRACT MAY BE EXECUTED BY THE COUNTY.

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

## **INDEMNIFICATION AND INSURANCE**

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

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

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

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

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

## **INTELLECTUAL PROPERTY RIGHTS**

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

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

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

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

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

## **NON-COLLUSION**

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

## **CONFLICT OF INTEREST**

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

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

## COMPLIANCE WITH LAWS

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

## CONTENTS OF PROPOSAL

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

### **“NOTICE**

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

**The Proposer requests that such information be used only for the evaluation of the proposal, but understands that any disclosure will be limited to the extent that the County considers proper under the law. If the County enters into an agreement with this Proposer, the County shall have the right to use or disclose such information as provided in the agreement, unless otherwise obligated by law.”**

### **and**

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

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

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

## EFFECTIVE PERIOD OF PROPOSALS

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



## ERIE COUNTY EQUAL PAY CERTIFICATION

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

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

\_\_\_\_\_  
Contractor Signature

### Verification

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS:

A)  
\_\_\_\_\_, being duly sworn, states he or she is the owner of (or a partner in) \_\_\_\_\_, and is making the foregoing Certification and that the statements and representations made in the Certification are true to his or her own knowledge.

### OR

B)  
\_\_\_\_\_, of \_\_\_\_\_, being duly sworn, states that he or she is the \_\_\_\_\_, the enterprise making the foregoing Certification, that he or she has read the Certification and knows its contents, that the statements and representations made in the Certification are true to his or her own knowledge, and that the Certification is made at the direction of the Board of Directors of the Corporation.

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

Notary Stamp

## GUIDELINES FOR STANDARD INSURANCE PROVISIONS REQUIRED

|   |   |
|---|---|
| <b>Commercial General Liability</b>   | \$1,000,000 minimum each occurrence       |
| <b>Umbrella/ Excess</b><br>* If CGL general aggregate is \$2,000,000 or more, Umbrella/ Excess is not necessary | \$1,000,000 minimum each occurrence       |
| <b>Automobile</b><br>* If transporting; otherwise a Waiver must be executed                                     | \$1,000,000 minimum combined single limit |
| <b>Professional Liability</b><br>* Not needed for all contracts   | \$5,000,000 minimum                       |
| <b>Workers' Compensation</b>  | NYS Certificate                           |

Certificate holder must be listed as:

County of Erie or Erie County 95  
Franklin Street  
Buffalo, NY 14202

It can include "Department of Law".

It **cannot** include "Department of Social Services" or any other department of Erie County (i.e. Department of Health, Youth Bureau, etc.).

The County must also be listed as an Additional Insured for all the above policies. That can be done by placing a "Y" or "X" in the "ADDL INSR" column next to each policy, or it can be specifically noted in the "Description" box near the bottom of the page.

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.



## **PROPOSAL REQUIREMENTS**

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

Your proposal must be comprised of 3 sections, presented as separate documents:

- Appendix A
  - Proposal to Provide Service
  - Signed Schedule A
  - For agencies not contracted with ECDSS to provide the requested service in 2023/2024, please provide references and data from similar work. For agencies contracted in 2023/2024, performance reviews will be considered in the review.
- Appendix B
  - Signed Fiscal Form
  - Budget Forms
- Appendix C
  - Most recent Audit report prepared by an independent CPA
  - Most recent Management Letter *(If not available, the latest tax return may be submitted in lieu of the audit report and/or management letter.)*
  - Listing of Officers and Board of Directors

Submission of the proposals shall be uploaded as three separate documents (Appendix A, B and C) to: [OnBase Unity Form](#). *You may see an error at the end of the submission. You will receive an email confirming if it has been submitted.*

Electronic versions of Appendix A and B are available on the Erie County Department of Social Services (ECDSS) Youth Services website at : [Year Round Programming | Youth Services \(erie.gov\)](#)

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

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

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

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



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

**AGENCY INFORMATION**

*(If submitting electronically, this information will be completed upon upload)*

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

|   |   |   |
|---|---|---|
| <b>Agency Name</b> - List the official name of your organization.   |   |   |
| <input type="checkbox"/> Local government -or- <input type="checkbox"/> 501(c)(3), date established as 501(c)(3):   |   |   |
| <b>Federal Employer ID# (FEIN)</b>  |   | <b>Legislative District</b>   |
| <b>Name of Language Access Coordinator</b>  |   | <b>Name of ADA Coordinator</b>  |
| <b>Erie County Employees</b> - 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.   |   |   |
| <b>Program Summary</b>  |   |   |
| Program Location(s) , if different than agency address  |   |   |
| Program Start Date  | Program End Date  | Youth: Staff Ratio (15:1 max.)  |
| Program hours (e.g. Monday – Friday 9am-5pm)  | Frequency<br><input type="checkbox"/> Daily <input type="checkbox"/> Other (explain):                   |   |
| Provide a brief summary description of the program to be supported with these funds and key program features.   |   |   |
| Ages served   | A nutritious meal and/or snack is provided<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Field trip(s) are offered<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fee charged to participant<br>\$  | Scholarship or tiered-cost system provided?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Do youth receive a stipend for participation in the program? If yes, please specify.<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |
| Number of youth to be served at a given time:   |   | Total number of youth to be served in a year:   |
| Programming [see OCFS Life Areas Coding Document ( <a href="#">OCFS-5003A/OCFS-5003</a> ) for details]: <ul style="list-style-type: none"> <li><input type="checkbox"/> Prepares youth for their eventual economic self-sufficiency</li> <li><input type="checkbox"/> Promotes physical and emotional wellness</li> <li><input type="checkbox"/> Promotes civic, family, and/or community engagement</li> <li><input type="checkbox"/> Supports a safe, stable and nurturing environment for the family</li> <li><input type="checkbox"/> Supports the community to provide a healthy, safe and thriving environment for youth and families</li> <li><input type="checkbox"/> Provide opportunities to help youth and their family meet their needs and promote emotional growth</li> <li><input type="checkbox"/> Other, specify:</li> </ul> |   |   |
| Target population and geographic areas to be served.  |   |   |
| Describe experience agency has providing this program, working with the target population, and reasons it is equipped to assist this group.   |   |   |
| Describe any specialized services and resources, including accommodation of those with special needs, language translation and cultural differences.  |   |   |
| Describe how trauma-informed care principles are implemented (i.e., collaboration, safety, trustworthiness, empowerment, and choice).   |   |   |
| Describe how racial equity is promoted and methods implemented to increase awareness, attitude, knowledge, and skills so as to prioritize measurable change in the lives of people of color.  |   |   |
| Describe how performance outcomes for services and programs will be measured.   |   |   |
| Describe if funding will be used to enhance an existing program and if so, how. (Ex: provide scholarships to 10 youth, buy additional sports equipment, etc.)   |   |   |
| If additional funds became available, would you be interested and how would you use them?   |   |   |

**SCHEDULE A**  
**PROPOSER CERTIFICATION**

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

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

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

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

\_\_\_\_\_  
*Proposer Agency Name*

By:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name and Title*



**RFP APPENDIX B: Fiscal**  
Department of Social Services  
RFP# 2024-018VF

**FINANCIAL INFORMATION**

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

**UNIT COST**

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

**BUDGET NARRATIVE**

|  |
|--|
| List other confirmed sources of funding for this program (foundation grants, public/government funding, earned income, contributions, etc.)  |
| List other pending funding sources to which you are applying for this program.   |
| Describe any fees charged to program participants. If fees are charged, describe the cost, purpose, and total anticipated income under other revenue sources. Please also include and explain the process to accept youth whose family cannot afford to pay the fee(s). <i>Note: Documentation of a tiered payment/scholarship system for families experiencing economic hardship or who qualify for public assistance is required if fees are charged. This documentation should be included in your application.</i> |
| Percentage of grant request that will go toward direct programming.  |

Completed [OCFS-5005](#) budget form included.

**CERTIFICATION**

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

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME/TITLE

\_\_\_\_\_  
DATE

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**PROGRAM BUDGET**

QYDS ID:

FISCAL YEAR:

AGENCY/MUNICIPALITY: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

FUND TYPE: \_\_\_\_\_

**FISCAL CONTACT INFORMATION:**

Include Name, Phone Number, E-mail address:

**PERSONAL SERVICES:**

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

**CONTRACTED SERVICES AND STIPENDS**

| TYPE OF SERVICE OR CONSULTANT TITLE          | RATE OF PAY | BASE<br>(S,M,HR) | TOTAL OCFS PROGRAM AMOUNT (1) | TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM |
|--|-------------|------------------|-------------------------------|---|
|  | \$          |                  | \$                            |   |
|  | \$          |                  | \$                            |   |
|  | \$          |                  | \$                            |   |
| <b>TOTAL CONTRACTED SERVICES (2)</b>         |             |                  | \$                            | \$  |
| <b>TOTAL MAINTENANCE &amp; OPERATION (3)</b> |             |                  | \$                            | \$  |

LIST EQUIPMENT TO BE PURCHASED OR RENTED:

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

**FACILITY REPAIRS**

| PROGRAM SITE ADDRESS              | TOTAL OCFS PROGRAM AMOUNT (1) | TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM |
|-----------------------------------|-------------------------------|---|
|                                   | \$                            |   |
|                                   | \$                            |   |
| <b>TOTAL FACILITY REPAIRS (4)</b> | \$                            | \$  |

**TOTAL OCFS PROGRAM AMOUNT**

\$

**+ TOTAL OCFS FUNDS REQUESTED**

\$

| LIST OF OTHER FUNDING SOURCES | AMOUNT | REIMBURSABLE TOTAL |
|-------------------------------|--------|--------------------|
|                               | \$     | MUNICIPAL FUNDING  |
|                               | \$     | OTHER SOURCES      |
|                               | \$     |                    |

\* USE AN ASTERISK NEXT TO THE FIGURES LISTED TO IDENTIFY THOSE ITEMS FOR WHICH OCFS REIMBURSEMENT IS NOT BEING REQUESTED.  
USE (IK) TO IDENTIFY ONLY IN KIND SERVICES, EQUIPMENT, ETC DONATED TO PROGRAM, WHERE ALLOWED.

## PROGRAM BUDGET INSTRUCTIONS

*REFER TO FISCAL POLICIES AND PROCEDURES MANUAL FOR RESTRICTIONS*

**QYDS ID** – NUMBER ASSIGNED BY SYSTEM

**FISCAL YEAR**-INDICATE YEAR FOR WHICH FUNDS ARE BEING REQUESTED

**AGENCY/MUNICIPALITY**-COUNTY, CITY, VILLAGE, AN INDIAN RESERVATION OR SCHOOL DISTRICT (IF APPROVED) THAT IS APPLYING FOR STATE AID

**PROGRAM TITLE**-NAME OF PROGRAM RECEIVING FUNDING

**FISCAL CONTACT INFORMATION**-PERSONS TO CONTACT FOR QUESTIONS ON BUDGETING-CLAIMING AND VOUCHERING FOR THIS PROGRAM

**PERSONAL SERVICES**

| POSITION TITLE | RATE OF PAY | BASIS<br>(H, W, BW, SM) | TOTAL OCFS PROGRAM AMOUNT* |
|----------------|-------------|-------------------------|----------------------------|
| 1              | 2           | 3                       | 4                          |

**TOTAL FUNDS REQUESTED FOR THIS PROGRAM**

1. LIST THE TITLE OF THE POSITION AS IT WILL BE CLAIMED
2. ENTER THE RATE OF PAYMENT AS IT IS ON THE PAYROLL, E.G. \$100, \$500, \$5. (enter the highest rate for each title)
3. INDICATE THE SALARY BASIS AS IT IS ACTUALLY PAID, e.g. Hourly (H), Weekly (W), Biweekly (BW), Semimonthly(SM)
4. ENTER THE GROSS AMOUNT OF THIS PAYROLL LINE. Use an asterisk if OCFS reimbursement is not being requested.
5. ENTER THE TOTAL OF THIS COLUMN.
6. ENTER THE TOTAL AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

**TOTAL SALARIES AND WAGES**

|          |          |
|----------|----------|
| <b>5</b> | <b>6</b> |
| <b>7</b> | <b>8</b> |

**TOTAL FRINGE BENEFITS**

7. ENTER THE TOTAL OF FRINGE BENEFITS BUDGETED FOR THIS PROGRAM. YDDP – CONTRACT AGENCIES ONLY
8. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. MOST PROGRAMS ARE LIMITED TO 25%. YDDP/RHYA – DO NOT USE

**CONTRACTED SERVICES AND STIPENDS**

| TYPE OF SERVICE OR CONSULTANT TITLE | RATE | PAYMENT BASIS | TOTAL PROGRAM AMOUNT* |
|-------------------------------------|------|---------------|-----------------------|
| 9                                   | 10   | 11            | 12                    |

9. ENTER TYPE OR TITLE OF SERVICES, e.g. Accounting Firm, Speaker.
10. INDICATE RATE OF PAY
11. INDICATE PAYMENT BASIS e.g. Session (S), Monthly (M)
12. ENTER THE TOTAL COST FOR EACH LINE

**TOTAL CONTRACTED SERVICES (2)**

|           |           |
|-----------|-----------|
| <b>13</b> | <b>14</b> |
|-----------|-----------|

13. ENTER THE TOTAL OF THIS COLUMN
14. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

**TOTAL MAINTENANCE & OPERATION (3)**

|           |           |
|-----------|-----------|
| <b>15</b> | <b>16</b> |
|-----------|-----------|

15. ENTER THE AMOUNT BUDGETED IN TOTAL FOR THIS PROGRAM.
16. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

**LIST IN THE SPACE PROVIDED, EQUIPMENT PURCHASES AND RENTALS PLANNED FOR PROGRAM YEAR**

**FACILITY REPAIRS**

| PROGRAM SITE |    |  |
|--------------|----|--|
| 17           | 18 |  |

17. LIST EACH PROGRAM ADDRESS FOR WHICH FACILITY REPAIRS ARE BEING PLANNED
18. ENTER AMOUNT FOR EACH PROGRAM SITE. YDDP LIMIT - \$500 PER SITE

**TOTAL FACILITY REPAIRS (4)**

|           |           |
|-----------|-----------|
| <b>19</b> | <b>20</b> |
|-----------|-----------|

19. ENTER THE TOTAL OF THIS COLUMN
20. ENTER THE AMOUNT FOR WHICH REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

**TOTAL OCFS PROGRAM AMOUNT**

**TOTAL OCFS FUNDS REQUESTED**

|  |           |
|--|-----------|
|  | <b>21</b> |
|--|-----------|

**LIST OTHER FUNDING SOURCES**

| 22 | 23 | 24 |
|----|----|----|

REIMBURSEABLE TOTAL  
MUNICIPAL FUNDING  
OTHER SOURCES

21. THIS AMOUNT SHOULD AGREE TO THE AMOUNT BEING REQUESTED FOR THIS PROGRAM.
22. THIS IS THE TOTAL OF BOX 21 LESS ASTERISKED ITEMS
23. ENTER TOTAL AMOUNT BEING PROVIDED TOWARDS THIS PROGRAM BY MUNICIPALITY
24. ENTER TOTAL AMOUNT BEING PROVIDED TOWARDS THIS PROGRAM BY OTHER SOURCES



**RFP APPENDIX C: Supplemental Information**

Department of Social Services

RFP# 2024-018VF

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

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

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