



## **ERIE COUNTY**

# **REQUEST FOR PROPOSAL (RFP) TO PROVIDE HIGH FIDELITY WRAPAROUND FOR PREVENTIVE SERVICES**

**RFP # 2025-018VF**

**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”) #2025 – 018VF  
 TO PROVIDE HIGH FIDELITY WRAPAROUND PREVENTIVE SERVICES**

**TABLE OF CONTENTS**

<b>I.</b>	<b>INTRODUCTION .....</b>	<b>1</b>
<b>II.</b>	<b>FUNDING AND BUDGET .....</b>	<b>1</b>
<b>III.</b>	<b>PROPOSAL TIMEFRAMES .....</b>	<b>2</b>
<b>IV.</b>	<b>GENERAL REQUIREMENTS .....</b>	<b>3</b>
<b>V.</b>	<b>SCOPE OF PROFESSIONAL SERVICES REQUIRED .....</b>	<b>5</b>
	- Introduction .....	5
	- History and Context .....	6
	- Scope of Work .....	6
	- General Requirements .....	9
	- Required Documentation.....	11
	- Compensation .....	13
	- Experience and Qualifications .....	15
	- Performance Measures and Data Collection .....	15
<b>VI.</b>	<b>STATEMENT OF RIGHTS .....</b>	<b>20</b>
	- Understandings .....	20
	- Evaluation .....	20
	- Evaluation Process .....	21
	- Contract .....	21
	- Indemnification and Insurance .....	22
	- Intellectual Property Rights .....	22
	- Non-Collusion .....	23
	- Conflict of Interest .....	23
	- Compliance with Laws .....	23
	- Contents of Proposal .....	23
	- Effective Period of Proposals .....	24
	<b>ERIE COUNTY EQUAL PAY CERTIFICATION .....</b>	<b>25</b>
	<b>GUIDELINES FOR STANDARD INSURANCE PROVISION REQUIREMENTS .....</b>	<b>26</b>
	<b>PROPOSAL REQUIREMENTS .....</b>	<b>27</b>
	<b>APPENDIX A</b>	
	- Proposal to Provide Services – Cover/Agency Information Sheet .....	29
	- Proposal to Provide Services – Program Proposal .....	30
	- Schedule A .....	33
	<b>APPENDIX B</b>	
	- Fiscal Cover Sheet .....	34
	- Budget Forms .....	35
	<b>APPENDIX C .....</b>	<b>41</b>

## **I. INTRODUCTION**

The County of Erie, New York (the “County”) is currently seeking proposals from qualified agencies (“Proposer”) interested in providing High Fidelity Wraparound Preventive Services for Erie County Department of Social Services (ECDSS). ECDSS utilizes a Solutions Focused Principles-Trauma Informed Care system of care framework and incorporates the principles of Diversity, Equity, and Inclusion (DEI) into its practices and procedures. Proposers interested in providing this service are invited to respond to this request.

In responding to this RFP, Proposers must follow the prescribed format as outlined. By so doing, each Proposer will be providing the ECDSS comparable data, and thus, be assured fair and objective treatment in the ECDSS review and evaluation process. It is the ECDSS’ intent to select the Proposer that provides the best solution for the ECDSS’ needs.

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

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

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

## **II. FUNDING AND BUDGET**

A total of \$4,700,000 is potentially available for the requested High Fidelity Wraparound Preventive Services for 2025 - 2026.

The award is subject to annual contract renewal, contingent upon the Proposer’s successful performance of project objectives and the continued need and desire for such services as articulated by Erie County DSS. Initial award and renewals are subject to the 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 requirements. More than one provider may be selected for funding for 2025 - 2026.

### **III. PROPOSAL TIMEFRAMES**

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

<b>Issue RFP:</b>	02/10/2025
<b>RFP Informational Meeting:</b>	2/20/25 at 10:00 a.m. via Webex
<b>Register for the Informational Meeting by contacting:</b>	Judith.Kolmetz@erie.gov by 2/19/2025.
<b>Proposals Due:</b>	03/17/2025 by 4:00 p.m.
<b>Selection Made by:</b>	Summer 2025
<b>Contract Signed:</b>	Following all necessary County approvals.

#### **Join the Informational Meeting using the meeting link:**

<https://erie.webex.com/erie/j.php?MTID=m0a0575f8a00010119f8a49c3c9eefb7d>

#### **Join by meeting number**

Meeting number (access code): 2499 560 0178

Meeting password: UNpM2FHib37

#### **Join from a mobile device (attendees only)**

+1716-858-2250,,24995600178## United States Toll (Buffalo)

+1-415-655-0003,,24995600178## United States Toll

#### **Join by phone**

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

+1-415-655-0003 United States Toll

## IV. GENERAL REQUIREMENTS

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

### Appendix A

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

### Appendix B

- Signed Fiscal Form
- Budget Forms

### Appendix C

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

Failure to follow the prescribed format for responses may result in disqualification.

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 will receive an email confirming if it has been submitted.*

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.

5. All proposals must be submitted on or before March 17, 2025 at 4:00 p.m. Regardless of cause, proposals received after the above date and time will not be considered. Requests for extension will not be granted. 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 February 17, 2025. A list of questions and answers will be posted on the County website by February 26, 2025, if applicable. No communication 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 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.

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

### **INTRODUCTION**

The Department is currently seeking proposals from qualified agencies for the provision of High-Fidelity Wraparound (HFW) services. Qualified Proposers must be experienced with providing Preventive and/or High-Fidelity Wrap services to families in the target population. The target populations include families who meet the criteria as identified below and includes children under the age of 18, who are at risk of out of home placement, have a Serious Emotion Disturbance Classification and/or whose parents/families may be involved with Child Protective Services or Family (court) due to Neglect/Abuse, Persons in Need of Supervision and Juvenile Delinquency Petitions. If one or more of the following circumstances exist, a child is considered to be at imminent risk of placement:

1. Health and safety of the child: this standard recognizes that a primary target group for preventive services is families in which there have been incidents of child abuse or maltreatment.
2. Parental refusal: this standard applies when parents or caretakers have refused to maintain the child in the home or have expressed an intention of surrendering the child for adoption.
3. Parental Unavailability: this standard is used when the child's parents or current caretakers have become unavailable due to: Hospitalization; Arrest, detainment, or imprisonment; Death; or their whereabouts are unknown.
4. Parent service need: this standard applies when a parent or caretaker has a condition that impairs his/her ability to care for the child. This may include alcoholism, drug abuse, mental illness, or any other impairment that hinders the person's ability to parent. It also may include a financial condition that makes it difficult or impossible for the parent or caretaker to provide adequate housing or meet other basic family needs.
5. Child service need: this standard is used when a child has special needs for supervision or services that cannot be adequately met by parents or caretakers without intensive services, resulting in the child being at risk of foster care placement without such services.
6. Pregnancy: this standard applies when a mother is pregnant or has given birth and has shown an inability to provide adequate care for her unborn or infant child.

HFW services are targeted for the purpose of averting a disruption of a family which will, or could, result in placement of a child in foster care, enabling a child who has been placed in foster care to return to his/her family at an earlier time than would otherwise be possible, or reducing the likelihood that a child who has been discharged from foster care would return to such care. The primary goals of the Erie County Children's System of Care include maintaining children in the community with their families, reducing out-of-home placements, facilitating the early return of children and youth already placed out-of-home by increasing access to community based services, utilizing an individualized care model with an Evidence and Strength-based approach and assuring active parent involvement at all levels of a Multi-departmental collaboration (Social Services, Mental Health, Juvenile Justice).

All services will be conducted as articulated under Mandated Preventive Regulations 18 NYCRR Part 423, and 430.9.  
<http://ocfs.ny.gov/main/publications/Preventive%20Services%20Guide%202015.pdf>

The identified array of services is consistent with the requirements of mandated preventive services. All families served meet the criteria of risk of out-of-home placement and the provision of these services are essential to improve family relationships and functioning in order to prevent the placement of the child into foster care. These programs and services are put in place due to the family's service needs.

Families referred to HFW have complex needs and often enter the program during a time of crisis or significant transitional period. Families (Caregivers) to be served through this contract will include any

child under the age of 18 years old who is at risk of an out-of-home placement due to their own behaviors or family dynamics or family safety concerns; including youth/children/parents who are part of the Family Court system and have a specific court menu which supports the overall functioning and safety needs of the family.

## **HISTORY AND CONTEXT**

Erie County has adopted the National Best Practice of High-Fidelity Wrap to support youth/children to remain in their home and community, where it is most developmentally appropriate to foster a successful transition to adulthood. Through timely target supports and interventions, Erie County has been able to successfully maintain youth in their homes as well as return youth to their homes in shortened lengths of time when the home environment was not conducive to the youth/child to remain in their home. Erie County has shaped their High-Fidelity Wrap services through the infrastructure development of a vendor network to support individualized planning and targeted interventions to minimize risk and enhance safety within their home environments. The core High Fidelity Wrap Principles are paramount to the success in assisting families to sustain their youth where most appropriate for their future success.

## **SCOPE OF WORK**

Provide services to a minimum of 60 families at one time annually with a team of 6 Care Coordinators with a 1:10 caseload ratio and 1 supervisor with a 1:6 staff to supervisor ratio; applicants can apply for more than 60 slots based on the same methodology. There are 657 slots available through the RFP.

Referrals for HFW will be screened through a cross departmental Intake Team comprised of Erie County Mental Health and Social Services Staff. Primary referral sources include, but are not limited to, the Erie County Department of Social Services, local residential treatment programs, various mental health service providers, various community providers and the juvenile justice system within Erie County.

High Fidelity Wraparound (HFW) is a strength-based, family-driven team planning process. The primary mission of HFW is to divert placement of children to out of home placements by promoting the family's stability, competency, and self-sufficiency. Utilizing a culturally competent strength based and needs driven Child & Family Team (CFT) process, families are assisted in developing and organizing supports, services, and resources in order to achieve their goals, vision, and self-sufficiency. The Child & Family Team (CFT) plays a major role in the Wraparound Process. The CFT is a planning process driven by the family and youth that identifies the youth/children and family strengths and needs. The youth/children and family build a team who are supportive of the youth/children and family needs, under the guidance of a Care Coordinator. This team is called the Child & Family Team. Together the Child & Family Team develops a Plan of Care, a Crisis Plan, and monitors the progress of the youth/children and family towards their individual goals. The goal of Wraparound is to develop skills and supports that empower the youth/children (as age appropriate) and family to effectively meet their own needs and live successfully in their community.

HFW Principles and Components of successful CFT's include:

1. Family Voice and Choice. The Child and Family Team (CFT) strive to provide options and choices such that the plan of care reflects family values and preferences.
2. Team Based. The CFT includes individuals agreed upon by the family that are community, natural and professional supports.
3. Natural Supports. The CFT actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community



relationships. Sustainable and Natural Supports are critical to maintaining and furthering family success upon discharge from HFW.

4. Collaboration. CFT members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single plan of care. The plan of care guides and coordinates each team member's work towards meeting the team's goals.
5. Community-Based. The CFT implements service and support strategies that safely promote child and family integration into home and community life.
6. Culturally Competent. The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture and identity of the child/youth and family, and their community.
7. Individualized. To achieve the goals laid out in the plan of care, the team develops and implements a customized set of strategies, supports and services.
8. Strength Based. The wraparound process and the plan of care identify, build on, and enhance the strengths, knowledge and skills of the child and family, and their community, and other team members.
9. Persistence. Despite challenges, the team persists in working toward the goals included in the plan of care until the team reaches agreement that a formal wraparound process is no longer required.
10. Outcome Based. The CFT ties goals and strategies of the plan of care to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan of care accordingly.

Resources for additional information on National Wraparound Practices can be found at <https://nwi.pdx.edu/>

### **High Fidelity Wrap Supervisor Qualifications**

It is the policy of Erie County that each Care Coordination agency employ Clinical Supervisor(s) to oversee and implement the Wraparound Philosophy and Process and be responsible for ensuring fidelity to the model within their Care Coordination team. The Supervisor is solely dedicated to the HFW program.

#### **Qualifications:**

Supervisors must have a Master's degree in Social Work, Psychology, Mental Health Counseling or other Master's level human services professional with at least one year's experience in Care Coordination, Case Management, or Community Based Treatment work and experience in working within the System of Care (SOC)

#### **Supervisory Role and Responsibilities, as related to:**

##### **Education**

- Attend community meetings to support the Supervisory role: (i.e. Erie County Children's system of Care Management Meeting; Shared Learning Supervisor Meeting; Utilization Management)
- Supervisors' time is exclusively dedicated to High Fidelity Wrap (Mandated Preventive) services oversight
- Assist in ongoing education for the SOC regarding Care Coordination on the Wraparound philosophy and process
- Participate in required High Fidelity Wrap trainings and provide SOC trainings related to Fidelity EHR
- Provide orientation and on-going training in the Wraparound process to all Care Coordinators, promoting and maintaining fidelity to the model
  - Supervisor will ensure that ALL new Care Coordination staff will attend the formal Wraparound/Care Coordination training

## Fidelity to Practice

- Monitor Fidelity EHR for cases assigned to agency; assign case to Care Coordinators
- Management oversight including programmatic and supervision will include the utilization of data reports obtained from Fidelity EHR
- Ensure accuracy and timely documentation within the Fidelity EHR system. Keep a paper case record according to agency and Children's System of Care guidelines. Paper case records must include any/all signature forms
- Provide individual professional & clinical Supervision & group coaching to Care Coordinator staff
- Ensure that Care Coordinators are empowering families through the development of a balanced Child & Family Team (CFT). Attend CFT meetings to support Care Coordinator, as needed. Ensure fidelity to the Wraparound process during the CFT
- Guide care coordinator exploration of community and natural resources for families
- Supervisor will manage discretionary dollars allotted for use with families enrolled in care coordination.
- Collaborate with SOC partners to improve service delivery for families (i.e. Court, School, Clinical, Medical, etc.)
- Foster cultural & linguistic competency
- Support youth involvement in youth activities throughout the system of care & support youth engagement within the Wraparound process
- Assure that Care Coordinators receive necessary safety training annually through internal agency trainings and/or external SOC trainings
- Provide information to youth/children and families on how to access CC Agency on-call (24-hour) and community resources to assist in crisis/safety management
- Assure complete and accurate communication and documentation regarding CFT activities, goals and progress toward goals, and future plans to necessary court/legal representatives.
- Monitor all court-related activities (i.e., court appearances, acquisition of court orders, court extensions or revisions, permanency planning reviews, and court letters) and assist in providing relevant information to work in collaboration with local court systems
- Review Plans of Care and crisis/safety plans to ensure that the plans promote the family vision, utilize functional strengths, identify appropriate needs, and clearly identify related strategies
- Monitoring service utilization for reasonable and Vendor Services expenditures on a monthly basis, per each Care Coordinator
- Other duties as assigned

## Regulatory & Policy

- Review all new agency and HFW Policy & Procedures with staff: [HFW P&P](#)
- Maintain oversight & fidelity to process, procedures, & regulatory guidelines as per expectations of HFW, Care Coordination agency, and/or governing bodies (i.e. Office of Child and Family Services (OCFS), etc.)
- Complete Incident Reports & report to OCFS as designated by individual CC agency policy & OCFS regulations
- Report designated HFW Critical Incidents in Fidelity EHR and address at monthly County Utilization Management (UM) meetings as directed by the UM HFW Policy & Procedures.
- Inform HFW (SPOA) Clinical Director of CC staffing changes immediately upon identification (i.e. resignation, medical leave, etc.)
- Maintain contractual obligations between individual CC Agency and the Department

## **High Fidelity Wrap Care Coordinator Qualifications**

### **Qualifications:**

- Bachelor's Degree or Master's Degree in a human services related field plus 1 year experience in a professional or internship human services setting. Experience must be providing direct care services or linkage services to at risk youth/children and families.
- Valid NYS Driver's License and adequate auto insurance
- Ability to work effectively with clients, families, staff and community contacts from a variety of cultural and ethnic backgrounds.

### **Care Coordinator Role and Responsibilities:**

- Coordinate services for families enrolled in the Erie County Wraparound Program
- Oversee all aspects of Care Coordination for families enrolled in Wraparound
- Facilitate all Child and Family Team Meetings (CFT's) including organizing meetings logistics and ensuring all relevant participants are included
- Ensure the CFT's integrate all involved systems including the family's formal and informal support community to develop a comprehensive Plan of Care
- Ensure all contracted services such as skill building, tutoring, parenting, counseling or other assigned services are delivered timely and effectively to families
- Input and update all necessary documentation in Fidelity EHR and/or CONNECTIONS including Assessments, Plans of Care, Safety and Crisis Plans and Progress Notes
- Attend required meetings and trainings regarding Erie County Wraparound Services
- Provide ongoing support to families in the Wraparound system including regular telephone and weekly face to face contact, and availability by cell phone
- Communicates with all necessary CSOC providers, including but not limited to HFW Vendor Network service providers as outlined in the HFW P&Ps, and supports related to the planning and care for youth/families; regular contact is maintained with Erie County DSS Caseworkers in the updating and coordinating of care.

## **GENERAL REQUIREMENTS**

- Assist families in identifying their strengths, needs, and family vision based on their unique family culture.
- Assist families in identifying and forming a CFT comprised of natural supports, community/systems including but not limited to a DSS assigned worker, Vendor Workers and High-Fidelity Wrap Services Providers.
- Assist families in developing comprehensive plans to prevent or minimize crisis and to ensure safety for the children, family, and the community at large.
- Facilitate CFT meetings at least once per month; utilizing meetings to develop a comprehensive Plan of Care to address identified needs. Bring a Child and Family Team together earlier if a system event and/or critical incident occurs
- Promote the utilization of strengths, skills, and natural resources to meet needs and build children and family competencies.
- Coordinate and purchase individualized services through the Erie County Vendor Services Network for identified needs that cannot be met via existing resources and supports (further description to follow) with the goal to increase safety and reduce targeted risk for the family that is resulting in the child/youth at being risk of out-of-home care.
- Deliver services through Care Coordinators, carrying a maximum caseload of 10 children and their families. Care Coordinators are expected to meet with families face-to-face within the identified practice guidelines. In order to best assist families in achieving and/or maintaining stability, timely engagement with the child and family is critical. The first contact should occur in the family home unless another meeting site is preferred by the family. Engagement meetings with the family are utilized to explain HFW, discover the family's unique culture and

identity, identify the family's short-term and long-term vision, begin to identify the children and family's strengths and needs, formulate the CFT, and establish a preliminary crisis/safety plan.

- Coordinate care as per NYS Regulations (18 NYCRR Part 423, and 430.9) <http://ocfs.ny.gov/main/publications/Preventive%20Services%20Guide%202015.pdf>
- Provide 24-hour on-call support through the Care Coordinator/Identified Vendor and Crisis Planning in response to unplanned crisis situations. This may also include the utilization of the Crisis and Re-Stabilization Emergency Services (CARES) team.
- Monitor outcome data and utilize this information to track progress and adjust Plans of Care as needed. Collaborate with systems and other providers to ensure coordination of services to meet the child and family's needs and safety concerns.
- Use data to inform supervision efforts and regulatory focused targeted Quality Improvement Efforts.
- Maintain relationships with community and neighborhood organizations and resources to promote the development of the natural supports for the children and family.
- Develop early transition plans for children and families to sustain success and self-sufficiency following discharge from the High-Fidelity Wrap.
- Record case work concurrently with activities in CONNECTIONS (NYS Child Welfare system of record) and the Fidelity Electronic Health Record. (Further description to follow)
- Manage and retain a skilled and appropriately educated workforce.
- Maintain regular communication with ECDSS in a timely manner.
- Provide culturally appropriate services to individuals with special needs; i.e. disabilities, language and cultural barriers, etc., including language translation services, which can be included in budgeted direct operating costs.
- Manage funds from a government funding source and maintain billing systems.
- Ensure effectiveness and fidelity to the HFW model through data driven supervision, training and support of agency personnel.
- Ensure that policies are in place in order to maintain Capacity as awarded through this RFP.
- Ensure Supervisors and Care Coordinators attend a minimum of 8 hours per year of Booster Trainings provided by Community Connections of New York (CCNY). Training topics vary based on the needs identified within ECDSS/DMH, SPOA, and Children's System of Care. The goal of Booster training is to maintain and enhance practice standards, increase understanding of the HFW philosophy, and ensure Care Coordinators have the resources and knowledge to complete their role within the Children's System of Care.
- Coordinate with Health Homes care managers to avoid duplication of services. Health Home Care Managers and the High-Fidelity Wrap Care Coordinator's roles are mutually exclusive and are not one in the same. For a family who receives High Fidelity WRAP services only and upon transition from service, a Health Home referral can be made to provide the necessary level of supports that a family needs to ensure continued success post-discharge from High Fidelity Wraparound. Health Homes can provide service coordination for lower acuity youth and their families that may not meet the High-Fidelity Wraparound criteria.
- Attend monthly Utilization Management meetings. This process allows for targeted discussions of cases designated as "high need/risk" and "safety concerns" in order to attempt preventing crisis. High need/risk and safety concerns include, but not limited to the following:
  - Client had a visit to the Emergency Room for any reason
  - Client was arrested (or other legal issue)
  - Client violated probation
  - Client has new CPS involvement
  - NCFAS score has worsened or not improved
  - Program is encountering challenging cases based on client/parent concerns
  - Review cases with Lengths of Stay >=240 days
  - Participate in the Vendor Services Network

## **REQUIRED DOCUMENTATION**

CONNECTIONS is the Official Record for New York Office of Child Family Services (OCFS). It is the regulatory electronic record for the Department of Social Services. All standardized timelines must be adhered to. All Mandatory components will be utilized, including Global Assessment, Safety Plans, Progress notes, and Family Assessment Service Plan (FASP). All work entered into CONNECTIONS must match and/or complement that of the Fidelity EHR. This will include the cutting and pasting of all activities documented in progress/contact notes.

Fidelity Electronic Health Record (FEHR) is the record of choice for Erie County to support the best practice standards of High-Fidelity Wrap. The FEHR uses data collection and outcomes from individual case records to develop customized monitoring reports to support quality improvement to the of the services delivery of HFW. It provides a way to manage and access key information throughout the care coordination process. Fidelity supports individual engaged in the process, including family members, team members, providers, natural and community supports and the coordination of care. It offers a way to collect and manage key documentation including plans of care, strengths, needs, family stories, family history timeline, meeting and appointment times, meeting notes, contact histories, critical incidents, services and costs. It offers the ability to track and enhance services through family satisfaction fidelity, and progress toward needs and risk. Fidelity also drives positive outcome through the NCFAS data, youth and family support, residential status, educational environment and behavior and function of individual family members.

### **Assessment**

Immediately following the opening of a case, and at regular intervals thereafter, an assessment of the identified youth/children and the family will be conducted. The purpose of the assessment is to promote positive outcomes by encouraging the use of child and family strengths to meet needs and reduce safety concerns. The assessment is a discovery of strengths, needs, and culturally significant information to ensure safety within the home. The assessment clearly identifies the needs that require Care Coordination services. The assessment should elaborate and verify the reason for family referral and specific individual diagnosis. This should guide the Plan of Care goals, supports and services for the family. The NYS Office of Children and Family Services (OCFS) are in the process of determining a universal statewide assessment which will be required as a part of the contractual agreement of this award which will be announced upon notification of such. The assessment may be required to be entered into CONNECTIONS by the HFW Care Coordinator.

Assessments are completed within 30 days after SPOA case assignment to the Care Coordination Agency. This assessment is documented in Fidelity EHR. The assessment is completed with the youth/children, family, other team members, and other support and system providers' consultation.

The assessment should capture each family's individualized culture. As no two families will share the same culture, the uniqueness of the family will be identified in a strength-based manner. Culturally significant information may include but will not be limited to, spirituality, hobbies, style of communication, boundaries, traditions, values, and meal time customs. The family's culture is what makes the family special and different and impacts the manner in which they operate as a family.

An updated assessment is required every 6 months. Reassessment can occur before the 6 month point in time and should be done when there is a significant change in the youth /children or family circumstance. These follow-up assessments are to address updated cultural information, strengths, needs, updated NCFAS and Diagnosis, Supervisor reviews, approves, and signs the completed Assessment. Assessment will be shared with the family through the Plan of Care.

## **Crisis/Safety Plan**

Immediately following the opening of a case, and at regular intervals thereafter, a Crisis/Safety Plan will be developed with the youth/children (when age appropriate) and family. The purpose of the Crisis/Safety Plan is to assist the family in defining what a crisis situation is, how to prevent a crisis, and how to de-escalate a situation.

Based on the type of referral Care Coordinators develop an initial Crisis/Safety Plan with the families within the following timeframes:

- o Traditional and Kinship within the first 12 calendar days of a case opening.

The Crisis Plan is documented in Fidelity Electronic Record and CONNECTIONS and includes the following elements

- a. Thorough description of what a crisis/safety concern looks like for that individual family
- b. Assessment of what triggers a crisis/safety concern for the youth/children/family
- c. Assessment of the family's strengths and what helps de-escalate a crisis situation/safety concern for the youth/children/family
- d. A plan for preventing crises from happening for the family which emphasizes family strengths and natural supports
- e. A plan for what to do if a crisis situation/safety concern arises. This plan will include a list of who to call in a crisis and/or safety situation
- f. The list should follow a sequence starting with natural supports that are helpful in a time of crisis/safety situation and end with Care Coordination staff, Supervisors, Family Support Partners/Advocates, and the Crisis and Re-stabilization Emergency Services (C.A.R.E.S) contact number (716)882-4357.
- g. The plan will outline what to do and who to call if a crisis situation arises in each of the following settings: home, school, and community
- h. The plan will include the youth's/caregiver's psychiatrist (if applicable), and any relevant medications
- i. The plan will outline a hospitalization plan (if applicable) including the hospital name, phone number, admitting doctor, and any history of hospitalizations (both Medical and Psychiatric).
- j. Crisis Plans are reviewed and/or updated minimally every 30 days at Child and Family Team meetings and after crisis/safety situations. Changes to the plan will be documented in Fidelity EHR and CONNECTIONS
- k. The Care Coordinator shares copies of all documented Crisis Plans at Child and Family Team meetings. Families will sign all newly developed Crisis Plans and the Care Coordinator will keep a copy of the signed Crisis Plan in the client record.
- l. By time of Discharge all formal supports will be removed from the Crisis Plan and a final plan that includes natural/community supports must be given to the family.
- m. A copy of the final Crisis Plan will be signed by the family and placed in the client record.

## **Initial Plan of Care**

The Plan of Care is developed and documented within 30 days of assignment to the Care Coordinator, quarterly and at times of significant events. The purpose of the Plan of Care is to foster the value of an individualized, integrated plan for the youth/children and family. The Plan of Care utilizes the family vision to determine a course of support and service delivery. The Plan of Care will be developed with the family, ideally during a Child & Family Team (CFT) and is part of the continuum of strengths, supports and services as they relate to the family's needs and vision.

## **Transition Plan**

The goal of HFW is to have families progress towards their vision, increase independence, and develop their own Natural Supports, Community Supports, and Resources. During the Wraparound

Process a clear, sustainable plan for transition from paid supports to natural and community supports is developed by utilizing the strengths of the family and community. Transition discussions will be incorporated from the start of the Wraparound Process and throughout all phases; engagement, planning, implementation, and transition up to and including the time of discharge. It is the responsibility of the family, youth/children (age appropriate), Care Coordinator, Vendors, Formal System partners and all other members of the Child and Family Team to develop, implement and support the transition plan.

Before a case is closed, HFW Care Coordinators are required to consult with the DSS assigned worker to ensure that all goals, needs, safety concerns and Planned Amendments have been addressed. Case closure includes contacts with, but not limited to, medical, school and other collaterals as part of practice to ensure that safety is being met. Achievement of outcomes must be documented in both CONNECTIONS and Fidelity EHR and the record is then closed simultaneously in both data systems.

### **Progress Notes**

High Fidelity Wraparound practices include documentation for all client-related activities provided by Care Coordinators in Fidelity EHR. The documentation should be clear, concise, and timely, relating back to the Plan of Care. All Progress Notes must be completed and finalized in FEHR within 48 hours of service occurring. In all instances Progress Notes must be finalized according to the Care Coordination Agency contract with Erie County.

Progress notes must include:

- Date of Service
- Type of contact
- Units of service (i.e. 2 hrs. of service)
- Time of contact, including the start and end time of the meeting. The time must state AM or PM (i.e. 2:00pm -4:15pm)
- Location of contact
- Who was present and/or spoken to; include relationship to client
- Describe what occurred during contact
- Progress toward goals
- Impression (if any) of writer regarding contact
- Outcome of contact
- Flex funds utilized during contact, amount and nature
- Any observed safety concerns or needs within the home and plan to address

Progress Notes documenting actual or attempted face-to-face contacts with family/caregiver and client are required. If family/caregiver does not desire a face-to-face meeting this must be documented.

Progress Notes must be reflective of the Plan of Care, Family vision; goals achieved, and indicate progress toward transition out of care coordination.

Per HIPAA guidelines, any time protected health information about a client/family is released (i.e. Plans of Care, Court information, Referrals, etc.), it must be documented in the content of a Progress Note in FEHR. The Progress Note MUST contain the specific information that was requested and who requested the information.

### **COMPENSATION**

Erie County Wraparound maintains a network of Vendor Agencies who provide high quality youth/children and family focused clinical and non-clinical services. Individualized family/youth/children service needs and supports are determined by the Child and Family Team. Based on the designated capacity awarded through this RFP each family will be designated a Per

Family Per Month (PFPM) Vendor Dollar allocation. The disbursement of those funds must be agreed upon by the Child and Family Team and authorized by the Care Coordinator with supervisory approval from the Care Coordination agency. The authorization to expend the funds by the Care Coordinator must be documented and have a direct correlation with the Plan of Care and must relate to achieving specific goals established by the Child and Family Team Meetings to target reduced risk of out-of-home care and increased safety within the home/school/community. It is common, or practice suggests, that youth/families have a higher utilization of Vendor Services at the onset of Care Coordination and a decrease as transition to case closure occurs.

Community Connections of New York (CCNY) contracts with the Department to manage the Vendor Network which includes fiscal management and oversight of vendor flex funds for all care coordination agencies participating in High Fidelity Wrap including expenditure monitoring against regulation and policies, accounts payable, fiscal reconciliation, reporting to all stakeholders at regular intervals, program development of service categories as needed and in alignment with changes at county and state levels, capacity building technical assistance to vendor agencies, training, identification and recruitment of potential new vendor service agencies, quality assurance and quality improvement activities.

Recipients of this award will be required to coordinate Vendor Services and follow all policies/procedures promulgated by CCNY for Vendor selection and billing.

The job of Vendor is to:

- Provide specific, targeted, time limited services/interventions to the identified child and/or other family members to support the goals on the child/family Plan of Care
- Directly support skill transfer, community support building & transition needs as per the Child and Family Team to reduce safety concerns and reduce risk of out-of-home care
- Be an active observer, document and report back all relevant information to the family, care coordinator & Child and Family Team

Vendor Service Delivery Expectations and Progress Note Documentation:

It is the practice expectation of the Erie County High Fidelity Wraparound Process that documentation for all client-related activities provided by Vendor Service Providers are recorded in within 48 hours of service delivery. The documentation should be clear, concise, and timely relating back to the Plan of Care.

Vendor Progress Notes documenting actual or attempted face-to-face contacts with family/caregiver and client are required. If family/caregiver does not desire a face-to-face meeting this must be documented. Documentation is expected to occur within 48 hours of the actual or attempted contact

Vendor Progress Notes must be reflective of the Plan of Care, Family vision; goals achieved, and indicate progress toward Transition out of care coordination.

All complete Progress Notes are to be signed by the person who authored the note and approved by the Vendor Supervisor. These notes are to be saved in the client record (electronic/paper record). Documentation is expected to occur within 48 hours of the actual or attempted contact.

Vendor Services include the following: When a family needs a special support or service, the care coordination agency will find it in the community among the numerous contracted vendors:

<http://www.comconnectionsny.org/resources/vendor-network-directory/>

Non-Clinical

- Respite
-



- Academic Coaching
- Family Peer Advocate
- Youth Peer Advocate
- Adult/Home Skill Builder
- Youth Skill Builder:
- Recreation
- 
- Juvenile Justice Stabilization Support
- Parent Skills Training: Group
- Parenting Skills Training: Individual
- Community Supervision
- Community Interpreter
- Tutoring
- Transportation Needs
- Group Recreation

Clinical

- Individual Risk Reduction Counseling Psychiatric Reviews/Medication Check
- Art Therapies
- Mental Health Therapy
- Juvenile Justice Stabilization Support Mental Health Screening

**Care Coordination Agency EXPERIENCE AND QUALIFICATIONS**

- Use of culturally sensitive, trauma-informed practices when working with DSS clients.
- 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.
- Ability to perform background checks for all case workers, case aides and supervisors, clearing staff through the Staff Exclusion List (SEL and State Central Registry, prior to working with families.
- Documented experience implementing an evidence-based practice with fidelity to the model

**PERFORMANCE MEASURES AND DATA COLLECTION**

<b>High Fidelity Wrap Standards of Practice</b>	
Goal	Reducing risk and safety to maintain children within their home /shorten the lengths of stay of youth and children who are away from their home environment
Care Coordinator (CC)Caseload	1:10
Staffing Plan	Maintain staffing to ensure contracted capacity
Supervisor to CC Ratio	1:6
First Face to Face (F:F)	Traditional and Kinship Referrals w/3 Calendar Days of Referral from Central Intake (SPOA)
Required <b>Minimum</b> Contacts Per Month with Family	<p>Traditional and Kinship: Minimum: There will be 3 F:F contacts during each months 1 through 3 of HFW services.</p> <ul style="list-style-type: none"> <li>• Month 1: First face to face within 3 days of case being assigned to the CC, an initial CFT within 30 days of CC case assignment and 1 additional face to face to support engagement practices with the family</li> <li>• Months 2-3: 1 CFT and 2 face to face contacts with the family to support engagement practices with the family</li> <li>• Months 3-on: At least 1 monthly CFT and additional face to face contacts, as needed (Weekly contacts are offered to families)</li> </ul> <p>Through the CFT process increasing the number of contacts is based on the assessment of safety concerns</p>

	for youth/children and families throughout service provision.
Utilization Management	Participation in Utilization Management Meetings one time per month as identified by provider, SPOA, FEHR
Child and Family Team Meeting	Includes paid (CC, DSS Worker, Therapist, Vendor, etc.), Community and Natural Supports Minimum: 1/per month >1/ per month is needed based on Risk/Need of Family and/or occurrence of a system event/critical incident
Documentation CONNECTIONS	Family Assessment Service Plan (FASP): Completion w/30 days, Review at 60 days, Every 6 months thereafter Documented within 48 hours of service Vendor Services Notes: HFW CC will copy and paste notes into CONNECTIONS
Fidelity EHR	Progress Notes: <ul style="list-style-type: none"> <li>• Every direct and indirect contact documented w/48 hours</li> </ul> Crisis Plan: Initial <ul style="list-style-type: none"> <li>• Traditional and Kinship within the first 12 calendar days of a case assignment to the Care Coordinator</li> </ul> Plan of Care: <ul style="list-style-type: none"> <li>• Traditional and Kinship w/30 days from case opening; Review and update every 90 days</li> </ul> NCFAS: w/30 days from case open; Review every 6 months thereafter, at time of significant event; at discharge Assessment: w/30 days from case open
Length of Stay	Average 6-8 months; maximum one year
Per Family Per Month WRAP \$'s	\$500.00
Required Training	CONNECTIONS: <ul style="list-style-type: none"> <li>• HSLC through NYS OCFS</li> </ul> High Fidelity WRAP: <ul style="list-style-type: none"> <li>• 4-day training will be provided by CCNY for Care Coordinators and Supervisors</li> </ul> Fidelity EHR: <ul style="list-style-type: none"> <li>• provided by CCNY for Care Coordinators and Supervisors</li> </ul> Annual Booster Training: <ul style="list-style-type: none"> <li>– provided by CCNY for Care Coordinators and Supervisors</li> </ul> Monthly on-site coaching for maintaining Fidelity to High Fidelity WRAPAROUND provided by CCNY, Inc.
Voice and Choice: Family Driven process	CC facilitates decision making process with families by educating about services, choices, etc.

Agencies are paid up to actual expenditures not to exceed the contracted amount. However, this funding carries the expectation of maintaining the specific funded slot capacity and contractual obligations which include maintaining capacity during staff absences/vacancies. In the event of short-term or longer-term staffing vacancies, the practice expectation is that HFW supervisors will carry up to six cases during such periods of time and/or that other proactive and planned measures will be

available on a timely basis to maintain the contracted capacity. These contingency plans should be clearly and specifically described in your narrative.

In the event of an agency's inability to maintain contracted capacity awarded through this RFP and meet contractual obligations a review of the contract will occur and result in a reduction or termination of the contract or a pro-rated reduction payment to the agency will occur. While the expectation is at 95-100% utilization, the inability to maintain contracted utilization of at least 90% in any month will result in a required communication to the contract manager as to why this occurred and a plan for returning to capacity, as well as a prorated reduction of deficit funding for that month.

The goal is to maintain access to HFW to as many children and families as possible. Repeatedly having utilization that is performing being below capacity, regardless of the percentage, will lead to a review and could lead to termination of your contract.

We fully recognize that at times referrals can create underutilization of services and as such underutilization due to referral volume is not cause for a prorated reduction in the funded amount. Allowances will also be made during the startup time frame for new contracts to achieve a full caseload.

The following are Performance Measures that capture information correlated to family and program success within Fidelity EHR.

<b>Contracted Outcomes maintained in Fidelity EHR</b>		<b>Benchmark</b>
<b>Open Cases</b>		
	Length of Stay <=240 days	>= 85%
First Face to Face Contact	Intensive - w/24 hours from enrollment	>= 85%
	Traditional - w/3 Calendar days	>= 85%
Critical Incidents	Cases Without	>=80%
Slot Utilization	Traditional	>=95%
Location at Discharge	Community / Natural Supports	>=90%
	Inpatient Psychiatric Hospitalization	<=5%
	Inpatient Substance Abuse Treatment	<=5%
	Permanency: The Benchmark % To Be Determined	XXXXX
<b>Closed Cases</b>		
	Length of Stay <=240 days	>= 85%
	Successful Discharge	>=70%
Event Measures	Cases without an event (Youth and Parent)	>= 80%

**Events that equate to outcomes** -, the following events are maintained in Fidelity EHR for all youth/families served where applicable.

### Discharge Reasons

- 1017 to certified foster parent
- Age out of program >18
- AWOL/runaway >30 days
- County withdrew referral
- Detention Non-Secure (Youth)
- Detention Secure (Youth)
- Family moved out of service area
- Inpatient Psychiatric Hospitalization >30 days
- Inpatient Substance Abuse Treatment >30 days
- OCFS Custody: RTC
- OMH Community Residence
- Parent/caregiver decline/withdrawal
- Return to Formal Diversion
- RTC >90 days
- RTF >90 days
- Successful Case Closure
- Supervised Independent Living Program (SILP)
- Therapeutic Foster Care
- Traditional Foster Care
- Transfer to direct ECDSS services
- Transfer to Intensive Preventive
- Transfer to MST
- Transfer to Other HFW
- Transfer to Other Kinship Preventive
- Transfer to Raise the Age
- Transfer to Refugee Preventive
- Transfer to Say Yes
- Transfer to Traditional Preventive
- Youth/family did not engage in services

### Critical Incidents for Open Case

- Parent/Caregiver CPEP Presentation
- Parent/Caregiver Self-Harm
- Parent/Caregiver Suicidal Ideation
- Youth Placement (Kinship 1017)
- Youth Placement (Kinship Article 6)
- Youth Death of a Loved One
- Youth Runaway Shelter
- Youth School Expulsion
- Parent/Caregiver Abandonment
- Parent/Caregiver Arrest/Incarceration
- Parent/Caregiver Death of a Loved One
- Parent/Caregiver Domestic Violence
- Parent/Caregiver Emergency Room Presentation
- Parent/Caregiver Fatality
- Parent/Caregiver Homeless/Eviction
- Parent/Caregiver Hospital Admission (Inpatient/Substance Abuse)

- Parent/Caregiver Hospital Admission (Medical)
- Parent/Caregiver Hospital Admission (Psychiatric)
- Parent/Caregiver Substance Abuse Intoxication (Observed/Suspicion)
- Parent/Caregiver Suicide Attempt
- Parent/Caregiver Weapon Safety Risk
- Youth CPEP Presentation
- Youth Emergency Room Presentation
- Youth Fatality
- Youth Homeless
- Youth Hospital Admission (Inpatient/Substance Abuse)
- Youth Hospital Admission (Medical)
- Youth Hospital Admission (Psychiatric)
- Youth Malnutrition/Failure to Thrive
- Youth Missing Person Report Filed
- Youth Placement (Foster Care)
- Youth Placement (RTC)
- Youth Placement (RTF)
- Youth Self-Harm
- Youth Substance Abuse Intoxication (Observed/Suspicion)
- Youth Suicidal Ideation
- Youth Suicide Attempt

## **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, target population and goals, cultural competency and racial equity, program plan, performance measurement, trauma informed, program staffing, accessibility plans, infrastructure, collaboration, experience, MWBE/SDVOB participation, 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 County'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.

(For Informational Purposes Only)

## ERIE COUNTY EQUAL PAY CERTIFICATION

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

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

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

### Verification

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

A) \_\_\_\_\_, being duly sworn, states they are 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 their own knowledge.

### OR

B) \_\_\_\_\_, being duly sworn, states that they are the \_\_\_\_\_, of \_\_\_\_\_, the enterprise making the foregoing Certification, that they have read the Certification and knows its contents, that the statements and representations made in the Certification are true to their 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> * If CGL general aggregate is \$2,000,000 or more, Umbrella/ Excess is not necessary	\$1,000,000 minimum each occurrence
<b>Automobile</b> * If transporting; otherwise, a Waiver must be executed	\$1,000,000 minimum combined single limit
<b>Professional Liability</b> * 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 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 currently contracted with ECDSS to provide the requested service: References and data from similar work\*
- Appendix B
  - Signed Fiscal Form
  - Budget Forms
- Appendix C
  - Most recent Audit report prepared by an independent CPA<sup>1</sup>
  - Most recent 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 will receive an email confirming if it has been submitted.*

An electronic version of Appendix A is available on the Erie County Department of Social Services (ECDSS) website at : [ECDSS RFP Appendix A](#)

An electronic version of Appendix B is available on the ECDSS website at: [ECDSS RFP Appendix B](#)

*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.

**\* For agencies that are currently contracted with ECDSS to provide the service**, annual performance reviews will be considered in the review. Please **do not** include copies of supporting research, annual reports, exhibits, letters of support, attachments and other supporting material with your proposal, unless changing the service model. ECDSS reserves the right to disqualify proposals that do not adhere to the correct format.

**For agencies that are not currently contracted with ECDSS to provide the service**, please submit references and data from similar work demonstrating the agency's ability to:

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<sup>1</sup> If not available, the latest tax return may be submitted in lieu of the audit report and/or management letter. Tax-Exempt Organizations not required to File Form 990 or 990-EZ, shall submit Form 990-N.

- review outcomes and meet performance measures
- maintain adequate staffing levels with trained staff
- meet required timeframes
- demonstrate leadership and proactive involvement in planning procedures
- communicate within the agency and with ECDSS
- understand laws and meet regulatory expectations

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.





<b>Agency Name</b> - List the official name of your organization.
<b>501(c)(3) not-for-profit entity</b> - If non-profit, please provide date established as 501(c)(3).
<b>Language Access Coordinator</b> – List the name of the designated Language Access Coordinator. (Required)
<b>ADA Coordinator</b> – List the name of the designated ADA Coordinator. (Required)
<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.

- Certified Minority Business Enterprise/ Women’s Business Enterprise (MBE/WBE) Certification Letter attached
- Letter indicating agency is 51% or more veteran-owned attached

### PROGRAM INFORMATION

#### Start of Program Operations

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

#### Program Summary

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

### TARGET POPULATION SERVED & GOALS

#### Description

Identify the target population, geographic areas to be served, and capacity for service.

#### Special Populations

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

#### Capacity

Indicate the proposed number of individuals or families to be served at a given time, the total number of individuals or families to be served in a year, as well as an explanation as needed.

Number of individuals or families to be served at a given time:	
Total number of individuals to be served in a year:	
Total number of families to be served in a year:	



**Experience**

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

**CULTURAL COMPETENCY**

**Racial Equity, Diversity and Inclusion**

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

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

Describe what group(s) has experienced disparities related to this program and whether their thoughts and knowledge are included in the program design. If so, how and if, not why. Groups may include specific race, gender, sexual orientation, ethnicity, physical ability, socioeconomic class, etc.

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

**PROGRAM PLAN**

**Program Design**

Describe the service delivery model that will be used. Specify if this has been designated as an evidenced-based or promising practice by any authoritative organization. Describe how fidelity to this model will be kept.

**Availability**

Provide information about your days and hours of service availability as well as time frames for intake and engagement.

**Location(s) of Service**

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

**Process**

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

**Safety**

Provide information regarding the time of day that services are offered, security personnel available, open doors or locked, waiting room appearance, etc.

**Collaboration**

Discuss any partnerships or networks that are used to meet your program participant needs.

**Program Difference**

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

## PERFORMANCE MEASUREMENT

### Performance Measures

Describe your proposed approach to program evaluation and reporting to ECDSS. Clearly define how this project will meet the performance targets associated with this RFP, including follow-up, as well as how you will monitor compliance, outcome-based performance and implement a plan for quality improvement. Specify how poor performance will be addressed when requested by ECDSS or when the outcomes of the program fail to be achieved.

### Data Collection

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

## TRAUMA-INFORMED CARE

### Implementation

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

## BUDGET

### Billing

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

## PROGRAM STAFFING

### Program Staff

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

Job Title	Responsibilities	Qualifications	Supervisor Job Title

### Professional Development

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

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

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

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

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

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

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

By:

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

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



**RFP APPENDIX B: Fiscal**  
 Department of Social Services  
 RFP#2025-018VF

**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.: hour):	
Number of units to be served	
Cost per unit of service for this proposal (county funding + in-kind)/# units:	

**V. CERTIFICATION**

The undersigned certifies that they are a principal officer of the applicant agency and has knowledge of and certifies that the information contained herein is complete and accurate.

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

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

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

**APPENDIX B - RFP Fiscal Calculations**

AGENCY: \_\_\_\_\_

RFP# and NAME \_\_\_\_\_

FUNDING PERIOD: \_\_\_\_\_

\_\_\_\_\_

The Budget Calculation pages request information in the following tables:

- 1) Summary Funding Request
- 2) Direct Program Expense Budget - County Funded
- 3) Administrative Overhead - County Funded
- 4) Agency In-Kind or Indirect Service Contributions
- 5) Revenue
- 6) Rate Calculation
- 7) Flex Fund Request (if applicable)
- 8) Staffing Review - Program Related County Funded
- 9) Staffing Review - Administrative County Funded

**It is recommended that items 8 and 9 on the Staffing Detail be completed first. Blue highlighted cells contain formulas and will populate automatically.**

Indicate in the following budget tables estimated program and administrative expense and revenue for the proposed fiscal year. Comparative current year funding information should be included if the agency is requesting a continuation of a program funded by the Department of Social Services. New proposers can disregard Current Contract column.

1) SUMMARY FUNDING REQUEST (All cells will populate automatically from information entered in Tables 2-9)

SUMMARY PROGRAM COST AND REVENUE	Current Contract	Proposed Budget
Total Direct Program Operating Expense	-	-
Total Administrative Overhead Expense	-	-
Flex Funds - County Funded	-	-
<b>TOTAL COUNTY FUNDED PROGRAM EXPENDITURES</b>	-	-
In-Kind Agency Expenditures	-	-
<b>TOTAL PROGRAM EXPENDITURES</b>	-	-
REVENUE	Current Contract	Proposed Budget
County Funding	-	-
Agency In-Kind Revenue	-	-
<b>TOTAL REVENUE (Should match total Program Expense)</b>	-	-
<b>Agency In-Kind Revenue as % of Total Revenue</b>	-	-

2) DIRECT PROGRAM EXPENSE BUDGET - County Funded

Indicate all expense items related to the direct provision of program services, including only **cash expenditures that will be provided with County funds**. Donot include Agency in-kind contributions or County Flex Funds.

DIRECT PROGRAM EXPENSE - County Funded	Current Contract	Proposed Budget
<b>Direct Program Staffing (from Staffing Table 8)</b>		
Total Salaries, Wages	-	-
Total Fringe Benefits	-	-
<b>Subtotal Salary and Fringe Benefits</b>	-	-
<b>Direct Operating Expense:</b>		
Employee travel/mileage		
General program related supplies		
Postage		
Maintenance and repairs		
Phones		
Utilities		
Insurance (directly related to program)		
Lease/Rent Vehicle		
Translation/Interpretation		
Equipment (List items):		
Contracted Client Services (List contracts):		
Contracted Services Not Client Related (List contracts):		
Other (specify):		
<b>Subtotal Direct Operating Expense</b>	-	-
<b>TOTAL DIRECT PROGRAM COSTS</b>	-	-

3) ADMINISTRATIVE OVERHEAD - County Funded

As per County policy, County funded Administrative Overhead cannot exceed 15% of the total Direct Service Program Budget. Detail agency cash expenditures only.

<b>Administrative Overhead - County Funded</b>	<b>Current Contract</b>	<b>Proposed Budget</b>
<b>Personal Services (From Staffing Table 9)</b>		
Total Salaries, Wages	-	-
Total Fringe Benefits	-	-
<b>Subtotal Administrative Salary and Fringe Benefits</b>	-	-
<b>Administrative Operating Expense:</b>		
Please itemize below:		
Staff Development		
Public Relations		
Audit, Legal, Cons. Fees		
Dues, Licenses, Permits		
Other (Please list items below):		
<b>Subtotal Administrative Operating Expense</b>	-	-
<b>Total Administrative Overhead</b>	-	-
<b>Total Direct Program Costs (from table 2)</b>	-	-
<b>Administrative Expense as Percent of Program Cost Not to Exceed 15%</b>	-	-

4) AGENCY IN-KIND or INDIRECT SERVICE CONTRIBUTION

In-Kind donations, or indirect services, are defined as the provision of services by an agency for support of the program specified in this contract without charge to the county. Examples can be the use of space, equipment or the provision of staff time either program or administrative. The source of funds for these items may not be State, Federal or other County funded programs. In-Kind donations are not required but helps the Department of Social Services maximize revenue.

<b>In-kind Donations (List type of in-kind or indirect service contributions specific to this proposal along with an estimated value)</b>	<b>In-Kind Contribution Value Current Contract</b>	<b>In-Kind Contribution Value Proposed Budget</b>
<b>Total In-Kind</b>	-	-

5) REVENUE

Detail below all revenue sources directly related to the total proposed program.

Revenue	Current Contract	Proposed Budget
Total Funds Requested from the County (Program plus Flex)		
Source of Agency In-Kind Services:		
<b>Total Revenue</b>	-	-

6) RATE CALCULATION

The agency reimbursement rate calculation excludes Flex Funds and In-kind services estimates.

Agency Reimbursement Rate Calculation	Current Contract	Proposed Budget
<b>Total Direct and Administrative Program Costs</b>	-	-
<b>Units of Services from Program Description</b>		
<b>Hourly Unit of Service Cost - Agency Reimbursement Rate</b>	-	-

7) FLEX FUNDS REQUEST - (Only for agencies who received ECDSS prior flex fund approval)

Provide a summary of the type of items that may be purchased with Flex funds. The maximum allocation is \$10,000. Flex funds are for client special needs and wrap around services. Payments will be subject to pre-approval by assigned caseworker. Flex funds are listed for direct reimbursement purposes and are not included in rate calculation.

FLEX FUNDS - County Funded	Current Contract	Proposed Budget
<b>Total Flex Fund Request</b>	-	-









**RFP APPENDIX C: Supplemental Information**

Department of Social Services

RFP#2025-018VF

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. Tax-Exempt Organizations not required to File Form 990 or 990-EZ, shall submit Form 990-N.