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|  | RFP APPENDIX A: Proposal to Provide Service Department of Social Services  RFP#2023-001VF |

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

AGENCY INFORMATION

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Official Agency Name** | | | | |
|  | | | | |
| **Agency Name –**List another name if used. | | | | |
|  | | | | |
| **Agency Telephone Number** | | | | |
|  | | | | |
| **Agency Mailing Address** | | | | |
|  | | | | |
| **City** | | | **State** | **Zip** |
|  | | |  |  |
| **Website address** (if applicable) | | | | |
|  | | | | |
| **Leadership -** List the name of your agency’s Chief Executive Officer, Executive Director, or President. | | | | |
|  | | | | |
| **Leader’s E­mail Address** | | | | |
|  | | | | |
| **Contact Person for proposal** | | | | |
|  | | | | |
| **Contact Person’s Telephone Number** | | | | |
|  | | | | |
| **Contact Person’s E­mail Address** | | | | |
|  | | | | |
| **501(c)(3) not-for-profit entity** | | | | |
| Yes | | No | | |
| **Certified Minority Business Enterprise/ Women’s Business Enterprise (MBE/WBE)** | | | | |
| Yes | | No | | |
| **Subcontractors -** List all subcontractors that your agency does business with related to this service. | | | | |
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|  | | | | |
| **Amount of Funding Request to ECDSS for this proposed contract** | | | | |
| $ | | | | |
| **Unit of Service for this proposal (e.g.: hour):** | | | | |
|  | | | | |
| **Number of units to be served** | | | | |
|  | | | | |
| **Cost per unit of service for this proposal (county funding + in-kind)/# units:** | | | | |
|  | | | | |
|  | RFP Appendix A: Proposal to Provide Service  Department of Social Services  RFP#2023-001VF | | | |

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| --- |
| **Agency Name -** List the official name of your organization. |
|  |
| **Federal Employer ID# (FEIN) -** Please provide your agency’s Employer Identification Number. |
|  |
| **DUNS # -** List your DUNS (data universal number system) Number assigned by Dun & Bradstreet, if applicable. |
|  |
| **501(c)(3) not-for-profit entity -**  If non-profit, please provide date established as 501(c)(3). |
|  |
| **Language Access Coordinator –** List the name of the designated Language Access Coordinator. |
|  |
| **ADA Coordinator –** List the name of the designated ADA Coordinator. |
|  |
| **Erie County Employees -** Name, title, and department of any employee or officer who was an employee or officer of Erie County within the 12 months immediately prior to the proposal. |
|  |
| Certified Minority Business Enterprise/ Women’s Business Enterprise (MBE/WBE) Certification Letter attached |
| Letter indicating agency is 51% or more veteran-owned attached |

PROGRAM INFORMATION

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

|  |
| --- |
| Program Summary  Provide a brief summary description of the program including the agency and program name, organizational mission, population served, and key program features. |
|  |

TARGET POPULATION SERVED & GOALS

|  |  |
| --- | --- |
| Description  Identify the target population, geographic areas to be served (by zip code and legislative district) and capacity for service. Please include a realistic estimate of total number and demographics of youth to be served as well as your youth retention rate based on last year’s activities. | |
|  | |
| Special Populations  Describe 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. Include what strategies will be used to attract and retain participants, and how attendees will be tracked. | |
| 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 what group(s) has experienced disparities related to this program and whether their thoughts and knowledge are included in the program design. If so, how and if, not why. |
|  |
| Explain whether the program produces any intentional benefits or unintended consequences for the population impacted. |
|  |
| Describe whether the program results in a systemic change that addresses institutional racism. |
|  |

PROGRAM PLAN

|  |  |
| --- | --- |
| Program Design  Please provide a program narrative that contains the following information:   * + - How will the program service youth in high-need and underserved neighborhoods and what specific elements of the program will target the needs of this population?     - How will the program seek to engage and partner with the surrounding community? In what ways will this engagement serve to mutually benefit and strengthen both the agency and community?     - Will enriching or educational field trips will be provided?     - Staff-to-participant ratio. | |
|  | |
| Program History  Please explain if this is a pilot program. If not, please describe how long this program has been operating. | |
|  | |
| Availability  Provide information about your days and hours of service of program delivery. Please attach a program calendar and schedule. | |
|  | |
| Additional programming:  The program will be offered during evening hours and/or weekends  The programming will be offered for more than six weeks | |
| 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 security protocols, sign-out policy, visitor policy, and any other information related to your program safety plan, including location of all evacuation plans and schedule of file drills, etc. | |
|  | |
| Collaboration  Discuss any partnerships or networks that are used to meet your program participant needs. Describe specific partnerships, such as Say Yes Buffalo or Erie County Summer Youth Employment, if applicable. | |
|  | |
| Program Difference  Provide any other information that you feel would distinguish your agency’s approach to the delivery of the requested services, including any prior experiences and successes. | |
|  | |

PERFORMANCE MEASUREMENT

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Due to limited amount of funding available, only programs providing the services listed below, from the OCFS Life Areas Coding Document ([OCFS-5003](https://ocfs.ny.gov/main/Forms/youth/OCFS-5003.dot)/[OCFS-5003A](https://ocfs.ny.gov/main/Forms/youth/OCFS-5003A.dot)) will be considered for funding.  Instructions: Choose 1 or 2 Life Area(s), 1 Service Opportunities and Supports Services for each Life Area and 1 Performance Measure in each category (How much, How well, Better off) you plan to target. Agencies are required to report on the performance measures listed below at the end of the contract period. | | | | | | | | | | | |
| **1ES:** | | | | **Life Area: Economic Security** | | | | | | | |
| **11** | | | **Goal:** Youth will be prepared for their eventual economic self-sufficiency. | | | | | | | | |
|  | | **Objective (Choose 1):** | | | | | | | | | |
|  | | | | | | 111 | | | Youth will have skills, attitudes and competencies to enter college, the work force or other meaningful activities. | | |
|  | | | | | | 112 | | | Young adults who can work will have opportunities for employment. | | |
|  | | | | | | 113 | | | Youth seeking summer jobs will have employment opportunities. | | |
| **Services Opportunities and Supports Services**  **(Choose 1):** | | | | | | | | | | | **Performance Measures**  **How Much:** |
|  | | | | | | | | 0119 | | Employment Opportunities | 0119A.1 # of youth in the program (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0119B.1 % of employers retained from the previous year |
|  | | | | | | | |  | |  | 0119B.2 % of staff with training and/or certification in employment services |
|  | | | | | | | |  | |  | 0119B.3 % of teens that report being supported by staff |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0119C.1 #/% of youth remaining in the job after completing the work program |
|  | | | | | | | |  | |  | 0119C.2 #/% of youth receiving a positive evaluation in the following areas: promptness, quality of work, attitude, attire |
|  | | | | | | | |  | |  | 0119C.3 #/% of youth with improved work skills |
|  | | | | | | | | 0120 | | Work Readiness Skills | **How Much:** |
|  | | | | | | | |  | |  | 0120A.1 # of youth enrolled in the program (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0120B.1 #/% of staff with training and/or certification in teaching work readiness skills |
|  | | | | | | | |  | |  | 0120B.2 % of teens that report being supported by staff |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0120C.1 #/% of youth obtaining a job |
|  | | | | | | | |  | |  | 0120C.2 #/% of youth with improved workplace readiness skills |
|  | | | | | | | | 0121 | | Career Development Supports | **How Much:** |
|  | | | | | | | |  | |  | 0121A.1 # of youth enrolled in the program (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0121B.1 % of youth who completed the program |
|  | | | | | | | |  | |  | 0121B.2 % of youth reporting satisfaction with the program |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0121C.1 #/% of youth with increased understanding of career interests |
|  | | | | | | | |  | |  | 0121C.2 #/% of youth with defined career occupational objectives |
|  | | | | | | | |  | |  | 0121C.3 #/% of youth who can name one skill they learned in the program |
|  | | | | | | | | 0122 | | College Exploration & Readiness | **How Much:** |
|  | | | | | | | |  | |  | 0122A.1 # of youth enrolled in the program (unduplicated) |
|  | | | | | | | |  | |  | **How Well:** |
|  | | | | | | | |  | |  | 0122B.1 #/% of youth reporting satisfaction with the program |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0122C.1 #/% of youth that have selected a college, technical school or career path |
|  | | | | | | | |  | |  | 0122C.2 #/% of youth with increased skills in college interviewing and test taking |
|  | | | | | | | | 0123 | | Life Skills Supports | **How Much:** |
|  | | | | | | | |  | |  | 0123A.1 # of youth enrolled in the program (unduplicated) |
|  | | | | | | | |  | |  | **How Well:** |
|  | | | | | | | |  | |  | 0123B.1 #/% of youth utilizing a life skills assessment tool |
|  | | | | | | | |  | |  | 0123B.2 #/% of youth attending all sessions of the program |
|  | | | | | | | |  | |  | **Better Off:** |
|  | | | | | | | |  | |  | 0123C.1 #/% of youth demonstrating an increase in life skills |
| **2PEH:** | | | | | **Life Area: Physical and Emotional Health** | | | | | | |
| **21** | | | **Goal:** Children and youth will have optimal physical and emotional health. | | | | | | | | |
|  | | **Objective (Choose 1):** | | | | | | | | | |
|  | | | | | | 211 | | | Children and youth will be physically fit. | | |
|  | | | | | | 212 | | | Children and youth will be emotionally healthy. | | |
|  | | | | | | 213 | | | Children and youth will be free from health risk behaviors (e.g., smoking, drinking, substance abuse, unsafe sexual activity). | | |
|  | | | | | | 214 | | | Children and youth with service needs due to mental illness, developmental disabilities and/or substance abuse problems will have access to timely and appropriate services. | | |
| **Services Opportunities and Supports Services**  **(Choose 1):** | | | | | | | | | | | **Performance Measures**  **How Much:** |
|  | | | | | | | | 0231 | | Alcohol and Substance Abuse Prevention Services | 0231A.1 # of youth participating (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0231B.1 % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher) |
|  | | | | | | | |  | |  | 0231B.2 % of youth completing the program |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0231C.1 #/% of youth free of alcohol or substance abuse for 6 months (for programs having a duration of longer than one sessions). |
|  | | | | | | | |  | |  | 0231C.2 #/% of youth without repeated Juvenile Justice contact for 6 months after the program (for youth with current involvement with the Juvenile Justice system (PINS, Etc.) |
|  | | | | | | | |  | |  | 0231C.3 #/% of youth with reduced numbers of school disciplinary incidents for substance use (for youth with school disciplinary incidents for substance abuse) |
|  | | | | | | | | 0232 | | Year Round/Seasonal Activities | **How Much:** |
|  | | | | | | | |  | |  | 0232A.1 # of youth participating (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0232B.1 Staff, volunteer or adult to youth ratio. (*e.g. if there are 10 youth served and 1 staff member, percentage should be 10%)* |
|  | | | | | | | |  | |  | 0232B.2 % or programs with a code of conduct and/or have behavioral contracts signed for all youth |
|  | | | | | | | |  | |  | 0232B.3 % of programs assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA). |
|  | | | | | | | |  | |  | 0232B.4 % of youth completing the program |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0232C.1 #/% reporting they have improved their ability to socialize/interact with peers/family/other members of the community |
|  | | | | | | | |  | |  | 0232C.2 #/% of youth who attain/or improve on a skill and/or report an increase in knowledge/awareness |
|  | | | | | | | |  | |  | 0232C.3 #/% of youth who regularly engage in 30 minutes of physical activity during program and report they feel better physically. |
|  | | | | | | | | 0233 | | Healthy Lifestyles | **How Much:** |
|  | | | | | | | |  | |  | 0233A.1 # of youth participating (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0233B.1 Staff turnover rate |
|  | | | | | | | |  | |  | 0233B.2 % of youth participating in program 3 times per week or more |
|  | | | | | | | |  | |  | 0233B.3 % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher) |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0233C.1 #/% of youth who increased physical fitness and activity |
|  | | | | | | | |  | |  | 0233C.2 #/% of youth who increased knowledge of reproductive health |
|  | | | | | | | |  | |  | 0233C.3 #/% of youth with increased knowledge of nutrition and exercise |
|  | | | | | | | | 0234 | | Mental Health Supports | **How Much:** |
|  | | | | | | | |  | |  | 0234A.1 # of youth participating (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0234B.1 % of staff trained in Trauma Informed Care |
|  | | | | | | | |  | |  | 0234B.2 % of youth and families satisfied with the program |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0234C.1 #/% of youth who successfully attain one or more treatment goals |
|  | | | | | | | |  | |  | 0234C.2 #/% of youth who report an improvement in emotional and mental health |
| **4CVC:** | | | | | **Life Area: Citizenship/Civic Engagement** | | | | | | |
| **41** | | | **Goal:** Children and youth will demonstrate good citizenship as law-abiding, contributing members of their families, schools and communities | | | | | | | | |
|  | | **Objective (Choose 1):** | | | | | | | | | |
|  | | | | | | 411 | | | Children and youth will assume personal responsibility for their behavior. | | |
|  | | | | | | 412 | | | Youth will demonstrate ethical behavior and civic values. | | |
|  | | | | | | 413 | | | Children and youth will understand and respect people who are different from themselves. | | |
|  | | | | | | 414 | | | Children and youth will participate in family and community activities. | | |
|  | | | | | | 415 | | | Children and youth will have positive peer interactions. | | |
|  | | | | | | 416 | | | Children and youth will make constructive use of leisure time. | | |
|  | | | | | | 417 | | | Youth will delay becoming parents until adulthood. | | |
|  | | | | | | 418 | | | Children and youth will refrain from violence and other illegal behaviors. | | |
| **Services Opportunities and Supports Services**  **(Choose 1):** | | | | | | | | | | | **Performance Measures**  **How Much (Choose 1):** |
|  | | | | | | | | 0420 | | Youth Leadership/Empowerment Opportunities | 0420A.1 # of youth participating (unduplicated) |
|  | | | | | | | |  | |  | 0420A.2 # of community projects completed |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0420B.1 % of participants returning to program the following year (if applicable) |
|  | | | | | | | |  | |  | 0420B.2 % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher) |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0420C.1 #/% of youth who continue on to an additional community engagement project beyond the program |
|  | | | | | | | |  | |  | 0420C.2 #/% of youth with increased leadership skills (as measured on a pre/post- test of leadership skills) or skills empowering them in community engagement. |
|  | | | | | | | | 0421 | | Juvenile Delinquency Prevention Services | **How Much:** |
|  | | | | | | | |  | |  | 0421A.1 # of youth participating (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0421B.1 % of youth completing mandated requirements |
|  | | | | | | | |  | |  | 0421B.2 % of youth participating in non-mandated requirements |
|  | | | | | | | |  | |  | 0421B.3 % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher) |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0421C.1 #/% of youth who do not return to the Juvenile Justice System within 1 year |
|  | | | | | | | |  | |  | 0421C.2 #/% of youth with reduced high-risk behaviors |
|  | | | | | | | |  | |  | 0421C.3 #/% of youth reporting increased knowledge of better choices (pertaining to laws). |
|  | | | | | | | | 0422 | | Teen Pregnancy Prevention Supports | **How Much:** |
|  | | | | | | | |  | |  | 0422A.1 # of youth participating (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0422B.1 % of staff trained in positive youth development and reproductive health |
|  | | | | | | | |  | |  | 0422B.2 % of youth completing the program |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0422C.1 #/% of program participants who avoid unplanned pregnancies |
|  | | | | | | | |  | |  | 0422C.2 #/% of program participants with increased knowledge of reproductive health and/or implementing safe practices |
|  | | | | | | | |  | |  | 0422C.3 #/% of program participants with reduced high-risk behaviors |
|  | | | | | | | | 0424 | | Safe Place Out of School Time Services | **How Much:** |
|  | | | | | | | |  | |  | 0424A.1 # of youth participating (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0424B.1 % of staff with positive youth development training |
|  | | | | | | | |  | |  | 0424B.2 % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher) |
|  | | | | | | | |  | |  | 0424B.3 % of youth attending the OST program at least 50% of scheduled days |
|  | | | | | | | |  | |  | **Better Off:** |
|  | | | | | | | |  | |  | 0424C.1 #/% of youth with improved positive youth development outcomes (i.e. academic, health, social/emotional skills and/or community engagement) |
| **5FAM:** | | | | | | | **Life Area: Family** | | | | |
| **51** | | | **Goal:** Families will provide children with safe, stable and nurturing environments | | | | | | | | |
|  | | **Objective (Choose 1):** | | | | | | | | | |
|  | | | | | | **511** | | | Parent/caregivers will provide children with a stable family relationship. | | |
|  | | | | | | **512** | | | Parent/caregivers will possess and practice adequate child rearing skills. | | |
|  | | | | | | **513** | | | Parent/caregivers will be positively involved in their children's learning. | | |
|  | | | | | | **514** | | | Parent/caregivers will receive/gain the knowledge and ability to access support services for their children. | | |
|  | | | | | | **515** | | | Parent/caregivers will provide their children with households free from physical and emotional abuse. | | |
|  | | | | | | **516** | | | Parent/caregivers will provide their children with households free from alcohol and other substance abuse. | | |
| **Services Opportunities and Supports Services**  **(Choose 1):** | | | | | | | | | | | **Performance Measures**  **How Much:** |
|  | | | | | | | | 0520 | | Parenting Skills | 0520A.1 # of parents served |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0520B.1 % of staff with relevant training/credentials |
|  | | | | | | | |  | |  | 0520B.2 % of families completing the program |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0520C.1 #/% of parents who report improved parenting skills |
|  | | | | | | | |  | |  | 0520C.2 #/% of families who safely transition from supervised to unsupervised visits |
|  | | | | | | | | **0521** | | Family Supports | **How Much:** |
|  | | | | | | | |  | |  | 0521A.1 # of families being supported (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0521B.1 % of participants reporting satisfaction with the support provided |
|  | | | | | | | |  | |  | 0521B.2 % of families participating on a regular basis |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0521C.1 #/% of families developing informal supports/community networks |
|  | | | | | | | |  | |  | 0521C.2 #/% of families practicing positive child-rearing skills |
|  | | | | | | | |  | |  | 0521C.3 #/% of families providing children households free from physical and emotional abuse |
|  | | | | | | | | **0524** | | Anger Management/Conflict Resolution Supports | **How Much:** |
|  | | | | | | | |  | |  | 0524A.1 # of youth served (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0524B.1 % of staff/volunteers trained and who have credentials in anger management group facilitation/conflict resolution |
|  | | | | | | | |  | |  | 0524B.2 % of youth participating on a regular basis |
|  | | | | | | | |  | |  | 0524B.3 % of youth completing the program |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0524C.1 #/% of youth demonstrating an increased knowledge of the relevant topic (anger management or conflict resolution |
|  | | | | | | | |  | |  | 0524C.2 #/% practicing the skills and techniques taught |
|  | | | | | | | |  | |  | 0532C.3 #/% of youth with decreased behavioral incidents |
| **6COM:** | | | | | | | **Life Area: Community** | | | | |
| **61** | | | **Goal:** New York State communities will provide children, youth and families with healthy, safe and thriving environments. | | | | | | | | |
|  | | **Objective (Choose 1):** | | | | | | | | | |
|  | | | | | | **611** | | | Adequate housing will be available. | | |
|  | | | | | | **612** | | | Adequate transportation will be available. | | |
| **62** | | | **Goal:** New York State communities will provide children, youth and their families with opportunities to help them meet their needs for physical, social, moral and emotional growth. | | | | | | | | |
|  | | **Objective (Choose 1):** | | | | | | | | | |
|  | | | | | | **621** | | | Communities will make available and accessible formal and informal services (e.g., child care, parent training, recreation, youth services, libraries, museums, parks). | | |
|  | | | | | | **622** | | | Adults in the community will provide youth with good role models and opportunities for positive adult interactions | | |
|  | | | | | | **623** | | | Communities will provide opportunities for youth to make positive contributions to community life and to practice skill development. | | |
|  | | | | | | | | **0628** | | Mentoring Supports | **How Much (Choose 1):** |
|  | | | | | | | |  | |  | 0628A.1 # of youth participating in the mentoring program (unduplicated) |
|  | | | | | | | |  | |  | 0628A.2 # of mentors |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0628B.1 % of mentors trained in positive youth development |
|  | | | | | | | |  | |  | 0628B.2 % of mentor/mentee matches lasting longer than 6 months |
|  | | | | | | | |  | |  | 0628B.3 % of youth expressing satisfaction with the program |
|  | | | | | | | |  | |  | 0628B.4 average length of time youth wait to be matched with a mentor (in months) |
|  | | | | | | | |  | |  | **Better Off:** |
|  | | | | | | | |  | |  | 0628C.1 #/% of youth showing improved confidence and caring |
|  | | | | | | | | **0633** | | Runaway and Homeless Youth Prevention and Support Services | **How Much (Choose 1):** |
|  | | | | | | | |  | |  | 0633A.1 # of youth receiving services (unduplicated) |
|  | | | | | | | |  | |  | 0633A.2 # of street outreach activities |
|  | | | | | | | |  | |  | 0633A.3 # of hotline calls received |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0633B.1 % of staff trained in RHY regulations |
|  | | | | | | | |  | |  | 0633.B.2 % of staff trained in positive youth development |
|  | | | | | | | |  | |  | 0633B.3 % of youth expressing satisfaction with services |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0633C.1 #/% of youth who access RHY services after contacting the hotline |
|  | | | | | | | |  | |  | 0633C.2 #/% of youth successfully completing case plan without being housed in RHY facility |
|  | | | | | | | |  | |  | 0633C.3 #/% of youth that were connected with school, vocational school, college or the military |
|  | | | | | | | | **0634** | | Community Service/Youth Activism Opportunities | **How Much:** |
|  | | | | | | | |  | |  | 0634A.1 # of youth participating (unduplicated) |
|  | | | | | | | |  | |  | **How Well (Choose 1):** |
|  | | | | | | | |  | |  | 0634B.1 # of community projects/opportunities youth actually participated in |
|  | | | | | | | |  | |  | 0634B.2 % of staff trained in positive youth development |
|  | | | | | | | |  | |  | **Better Off (Choose 1):** |
|  | | | | | | | |  | |  | 0634C.1 # of volunteer hours completed in the community |
|  | | | | | | | |  | |  | 0634C.2 #/% of projects that met community expectations based on objectives |
| **Quality Improvement**  Describe how your agency achieves reporting requirements and contract compliance. Explain how you will implement a plan for compliance, outcomes, and quality improvement. Include how poor performance will be addressed when requested by the Youth Bureau or when the outcomes of the program fail to be achieved. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Data Collection  Describe how you collect program data, including specific procedures, tools and frequency. | | | | | | | | | | | |
|  | | | | | | | | | | | |

TRAUMA-INFORMED CARE

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

BUDGET

|  |
| --- |
| 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** |
|  |  |  |  |
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|  |  |  |  |
| Professional Development  Describe all mandatory or optional professional development opportunities, including trainings, available to program staff. | | | |
|  | | | |

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# 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* |