



**RFP APPENDIX A: Proposal to Provide Service**

Department of Social Services

RFP#

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

**AGENCY INFORMATION**

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

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



<b>Agency Name</b> - List the official name of your organization.
<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*