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|  | RFP APPENDIX A: Proposal to Provide Service Department of Social ServicesRFP#2023-062VF |

***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)*

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| **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:** |
|       |

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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. |
|       |
| **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

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| Start of Program OperationsDescribe 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. |
|       |
| **Type of Programming** |
| [ ]  Mentoring[ ]  Anti-violence programs[ ]  Trauma Informed Care[ ]  Arts, Crafts and Production[ ]  Entrepreneurship and Job readiness skills[ ]  Life Skills education [ ]  Preventing recidivism[ ]  Prevention and intervention programs  |
| Program SummaryProvide a brief summary description of the program, schedule and key program features. |
|       |
| ExperienceDescribe experience agency has working with the target population, and reasons it is equipped to assist this group.  |
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CULTURAL COMPETENCY

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| Racial Equity, Diversity and InclusionDescribe 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

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| Program DesignDescribe 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.  |
|       |
| AvailabilityProvide information about your days and hours of service availability. |
|       |
| CollaborationDiscuss any partnerships or networks that are used to meet your program participant needs. |
|       |
| Program DifferenceProvide 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

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| Performance MeasuresDescribe 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 CollectionDescribe how you collect program data, including specific procedures, tools and frequency. |
|       |

TRAUMA-INFORMED CARE

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

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| BillingDescribe 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. |
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PROGRAM STAFFING

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| Program StaffDescribe 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 DevelopmentDescribe all mandatory or optional professional development opportunities, including trainings, available to program staff.  |
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