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

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| **Agency Name -** List the official name of your organization. |
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| **Federal Employer ID# (FEIN) -** Please provide your agency’s Employer Identification Number. |
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| **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. |
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| **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. |
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| 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 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. | |
|  | |
| **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 Summary  Provide a brief summary description of the program, schedule and key program features. | |
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| Experience  Describe 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 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. |
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| 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. |
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PROGRAM PLAN

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| 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. |
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| 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. |
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PERFORMANCE MEASUREMENT

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| 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. |
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| Data Collection  Describe how you collect program data, including specific procedures, tools and frequency. |
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TRAUMA-INFORMED CARE

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| Implementation  Describe 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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| 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. |
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PROGRAM STAFFING

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| --- | --- | --- | --- |
| 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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