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|  | RFP APPENDIX A: Proposal to Provide Service Department of Social Services  RFP#2024- |

***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:** | | | |
|  | | | |

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| RFP APPENDIX A: Proposal to Provide Service  RFP# 2024- | | | | | | | | | | | | | | | |
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| **Agency Name -** List the official name of your organization. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Local government -or- | | | | | 501(c)(3), date established as 501(c)(3): | | | | | | | | | |
| **Federal Employer ID# (FEIN)** | | | | | | | | | **Legislative District** | | | | | |
|  | | | | | | | | |  | | | | | |
| **Name of Language Access Coordinator** | | | | | | | | | **Name of 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. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Program Summary | | | | | | | | | | | | | | |
| Program Location(s) , if different than agency address | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Program Start Date | | | Program End Date | | | | | | | | | Youth: Staff Ratio (15:1 max.) | | |
|  | | |  | | | | | | | | |  | | |
| Program hours (e.g. Monday – Friday 9am-5pm) | | | | | | | Frequency | | | | | | | |
|  | | | | | | | Daily | | | Other (explain): | | | | |
| Provide a brief summary description of the program to be supported with these funds and key program features. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Ages served | | | | A nutritious meal and/or snack is provided | | | | | | | Field trip(s) are offered | | | |
|  | | | | Yes | | | | No | | | Yes | | No | |
| Fee charged to participant | | | | Scholarship or tiered-cost system provided? | | | | | | | | | | |
| $ | | | | Yes | | | | No | | | | | | |
| Do youth receive a stipend for participation in the program? If yes, please specify. | | | | | | | | | | | | | | |
| Yes | No |  | | | | | | | | | | | | |
| Number of youth to be served at a given time: | | | | | |  | | | Total number of youth to be served in a year: | | | | |  |
| Programming [see OCFS Life Areas Coding Document ([OCFS-5003A](https://ocfs.ny.gov/main/Forms/youth/OCFS-5003A.dot)/[OCFS-5003](https://ocfs.ny.gov/main/Forms/youth/OCFS-5003.dot)) for details]: | | | | | | | | | | | | | | |
| Prepares youth for their eventual economic self-sufficiency | | | | | | | | | | | | | | |
| Promotes physical and emotional wellness | | | | | | | | | | | | | | |
| Promotes civic, family, and/or community engagement | | | | | | | | | | | | | | |
| Supports a safe, stable and nurturing environment for the family | | | | | | | | | | | | | | |
| Supports the community to provide a healthy, safe and thriving environment for youth and families | | | | | | | | | | | | | | |
| Provide opportunities to help youth and their family meet their needs and promote emotional growth | | | | | | | | | | | | | | |
| Other, specify: | | | | | | | | | | | | | | |
| Target population and geographic areas to be served. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Describe experience agency has providing this program, working with the target population, and reasons it is equipped to assist this group. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Describe any specialized services and resources, including accommodation of those with special needs, language translation and cultural differences. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Describe how trauma-informed care principles are implemented (I.e., collaboration, safety, trustworthiness, empowerment, and choice). | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 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 how performance outcomes for services and programs will be measured. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Describe if funding will be used to enhance an existing program and if so, how. (Ex: provide scholarships to 10 youth, buy additional sports equipment, etc.) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| If additional funds became available, would you be interested and how would you use them? | | | | | | | | | | | | | | |
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| RFP APPENDIX A: Proposal to Provide Service  RFP# 2024- |

# 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.

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| --- | --- |
|  |  |
|  | *Proposer Agency Name* |
| By: |  |
|  | *Signature* |
|  |  |
|  | *Name and Title* |