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

Agency Name - List the official name of your organization.
Agency Name – List other name if used.
Telephone Number - List the main contact number for your agency.
Address - List the official mailing address of your agency; include city and ZIP code information.
Website - Provide your agency's website address (if applicable).
Leadership - List the name of your agency's Chief Executive Officer, Executive Director, or President.
E-mail - Provide the e-mail address for your agency's leader.
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 such.
Language Access Coordinator – List the name of the designated Language Access Coordinator.
ADA Coordinator – List the name of the designated ADA Coordinator.
MBE/WBE - Indicate whether your agency is a Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE). Submit Certification Letter.
Veteran-Owned Business - Indicate whether your agency is a Veteran-Owned Business. Submit letter indicating your agency is 51% or more veteran-owned.
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.
Subcontractors - List all subcontractors that your agency does business with related to this service.

CONTACT PERSON INFORMATION

Name - Please list the name of the person who should be contacted regarding your proposal.
Telephone Number - Please list the phone number of the person who should be contacted regarding your proposal.
E-mail - Please provide the e-mail address for the person to be contacted regarding your proposal.

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 as well as the total number of individuals or 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.

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.

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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.

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.			

SUPPLEMENTARY APPLICATION INFORMATION

Provide a copy of the most current information as noted below. These materials cannot be returned.

- Language Access Policy
- ADA Policy
- Listing of Officers and Board of Directors

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