

Request for Proposal

**HUMAN SERVICES DEVELOPMENT FUND
CATEGORICAL & SPECIALIZED SERVICES**

**OFFICE OF HUMAN SERVICES
LUZERNE COUNTY PENNSYLVANIA
Fiscal Year 2010/2011**

DUE DATE: April 7, 2010 Noon
Luzerne County Office of Human Services
111 N. Pennsylvania Blvd.
Wilkes-Barre, PA 18701

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OFFICE OF HUMAN SERVICES

REQUEST FOR PROPOSAL

LUZERNE COUNTY, PENNSYLVANIA

I. **INTRODUCTION**

A. General Information

1. Notice of Invitation – The Luzerne County Office of Human Services invites qualified agencies to submit a proposal to provide one or more of the following programs as part of the Human Services Development Fund (HSDF) for the fiscal year 2010/2011.

Children & Youth Services

Child Day Care
Counseling/Intervention
Service Planning

Specialized Programs*

High Rise Outreach

Mental Health Services

Social Rehabilitation Services

Drug & Alcohol Services

Inpatient Non-Hospital

Homeless Assistance Services

Emergency Shelter

Aging Services, Mental Health Services, Mental Retardation Services are also fundable with HSDF monies. All Categorical Services must meet the existing categorical services/cost centers allowable under HSDF. These services/cost centers are defined in the regulations of the categorical agencies. Also client eligibility must follow the criteria of each categorical agency. Specialized Services are “new services or a combination of services designed to meet the unique needs of a client population that are unmet by the current categorical programs”.

*See Appendix B.

There is no expressed or implied obligation for the Office of Human Services (OHS) to reimburse responding agencies for any expenses incurred in preparing proposals in response to this request.

2. Proposal Submission. Prospective agencies should submit detailed proposals on or before April 7, 2010 at Noon. Proposals should be marked **Sealed Proposal-Do Not Open** and mailed or delivered to:

Mary Dysleski
Fiscal Officer
Luzerne County Office of Human Services
111 N. Pennsylvania Blvd.
Wilkes-Barre, PA 19701

Proposal cover letters should designate who can answer questions concerning the submitted proposals. An officer empowered to bind the agency submitting the proposal must sign the proposal.

3. Proposal Format. One original and four copies of each proposal should be submitted in the format outlined in Section III, "Proposal Document Instructions."
4. Questions: Any questions should be directed to: Mary Dysleski, Office of Human Services at 826-8800 #356, or mdysleski@ohs.luzerne.pa.us.
5. Contract Terms. The proposal should be as defined in Section III, "Proposal Document Instructions."

The contracting agency agrees to indemnify and hold harmless the County, its agents, officials and employees against any and all claims arising out of the performance or nonperformance of this agreement.

By responding to the request for proposal, the agency is agreeing to the terms, conditions and requirements set forth herein, unless expressly noted in writing in the written submission.

a. Schedule of key dates:

- | | |
|-------------------|--|
| a. April 7, 2010 | Submit proposals by Noon. |
| b. April 14, 2010 | Commissioners' selection and approval. |
| c. July 1, 2010 | Begin provision of service |

B. Evaluation and Selection of Proposals

The County will perform the evaluation of proposals in accordance with the criteria set forth at Appendix A. The following criteria will also be considered in the evaluation:

1. History of provision of same or comparable service
2. The agency has no conflicts of interest with regard to any other work performed for the County
3. The agency adheres to the instructions in this request for proposal on preparing and submitting the proposal

4. The quality of the agency's professional personnel to be assigned to the program and the quality of the agency's management support personnel to be available for consultation
5. Expertise with similar federal and/or state financial awards
6. Other criteria as deemed prudent

The County reserves the right to retain all proposals submitted and use any idea in a proposal regardless of whether that proposal is selected.

C. Subcontracting

Agencies are not permitted to subcontract or assign any part of the work covered under the scope of the agreement without prior written consent of OHS.

- D. Minority-owned firms and women's business enterprises are encouraged to apply.

II. NATURE OF SERVICES REQUIRED

A. Scope of Work

The agency will provide and assume responsibility for the implementation of the program described in the service definition in Appendix B and the description in the HSDF "Program Funding Request". The agency shall perform all services and work committed in a satisfactory manner as determined by the County and OHS.

B. Standards to be Followed

To meet the requirements of this request for proposals, the following shall be performed:

1. The agency will use the funds in the manner set forth in the Program Budget – Form 2. Amendments may be made with permission from OHS.
2. The agency agrees to develop program outcome measures and to collect data as outlined in Program Outcomes – Form 1.
3. The Agency agrees to follow the auditing standards set forth by the Department of Public Welfare in response to the Single Audit Act Amendments of 1996, June 1997, and May 2004 revisions of

the U.S. Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.

4. The agency agrees to perform all obligations in accordance with all State and Federal rules and regulations including but not limited to: Equal Employment Opportunity, Affirmative Action Employment Plan, the client's civil and legal rights, and licensing and other quality of service standards.

C. Reports to be Issued

The following reports are required to be issued in a timely manner:

1. The Agency's financial audit as guided by the above standards including, if applicable, Pennsylvania DPW Single Audit Supplement subject to the application of Agreed-Upon Procedures.
2. Detailed invoices of actual expenditures for the prior month including an unduplicated count of clients served year to date.
3. Submission of final program outcomes as outlined in Form 1.

All reports are to be delivered to the Agency.

C. Record Retention and Access

All records and reports must be retained for a minimum of four (4) years, or until completion of an audit for compliance begun but not completed at the end of the 4 years specified above, or until all audit findings not resolved at the end of 4 years are resolved. The agency will be required to make all records available to the following parties or their designees:

1. Luzerne County
2. Pennsylvania DPW
3. Inspectors General
4. Parties designated by the federal or state governments or by the agency as part of an audit quality review process.
5. Auditors of entities of which the County is a sub-recipient of grant funds.

The agency agrees to permit the County or authorized State representative to monitor and evaluate the terms of this agreement and services provided. Programmatic monitoring and evaluation shall include statistical review of Required reports, on-site review of client files, and adherence to reporting requirements

III. PROPOSAL DOCUMENT INSTRUCTIONS

A. General Requirements

Proposals should include the following:

1. HSDF Program Funding Request
2. Program Outcomes – Form 1
3. Program Budget - Form 2
4. Expanded itemization for Salaries & Equipment

B. Body of Proposal

The proposal should also include the agency's qualifications, competence, and capacity to undertake the requirements of this request for proposal. Qualifications should demonstrate the ability of the agency and of the particular staff to be assigned to this program.

The proposal should address all the points outlined in the request for proposal. The proposal should be prepared simply and economically, providing a straightforward, concise description of the agency's capabilities to satisfy the requirements of the request for proposal.

IV. SPECIAL PROGRAMS

A. Prerogatives

The OHS reserves the following prerogatives.

1. To reject any or all proposals.
2. To terminate the contract following 30 days written notification to the agency.

B. Contract Period

The contract shall begin July 1, 2010 and end June 30, 2011.

C. Payment

Payment for services rendered based upon receipt of an itemized statement from the agency for actual expenditures for the prior month. When HSDF funds are used within categorical cost centers within Aging, Children & Youth, Drug & Alcohol and Mental Health and Mental Retardation Programs, the administering agency for HSDF may not

contract directly with the service provider agency. Such contracts must be between the categorical program and the service provider agency.

D. Ownership

All proposals and reports become the property of Luzerne County upon submission, for use as deemed appropriate.

E. Confidentiality

All proposals will be kept in strict confidence by the Commissioner's Office and the OHS.

APPENDIX A

After determining that a proposal satisfies the mandatory requirements stated in the request for proposal, the comparative assessment of the relative benefits and deficiencies of the proposal in relationship to published evaluation criteria shall be made by using subjective judgment. The award of a contract resulting from this request shall be based on the best proposal received in accordance with the evaluation criteria stated below:

After an initial screening process of the RFP, a technical question-and-answer conference or interview may be conducted, if deemed necessary by OHS to clarify or verify the agency's proposal and to develop a comprehensive assessment of the service.

Luzerne County reserves the right to consider historic information and fact, whether gained from the agency's proposal, question-and-answer conferences, references or any other source, in the evaluation process.

The agency is cautioned that it is the agency's sole responsibility to submit information related to the evaluation categories and that Luzerne County is under no obligation to solicit such information if it is not included with the agency's proposal. Failure of the agency to submit such information may cause an adverse impact on the evaluation of the agency's proposal

PROPOSAL EVALUATION CRITERIA AND RATING

	<u>POINT VALUE</u>
1. Soundness of Approach	0 – 35
a. Project description	
b. Description of target population	
c. Statement of need	
d. Project outcomes	
e. Potential for success	
2. Overall Qualifications of the agency	0 – 25
a. Experience with this service	
b. Experience working with proposed population	
c. Experience coordinating community resources	
3. Qualifications of Individuals performing the service	0 - 10
4. Budget	0 - 30
a. Overall analysis of budget	

APPENDIX B

Specialized Services: High-Rise Outreach

This program should provide outreach and visitation to the elderly, physically and cognitively disabled residents of the seven subsidized high-rises in Wilkes-Barre City. The goal of the program is to maintain the dignity and independence of the residents by providing outreach, case management, prevention, early intervention and referral services without regard to age. At least 350 unduplicated individuals should be served through 5,000 visits.

HUMAN SERVICES DEVELOPMENT FUND
PROGRAM FUNDING REQUEST 2010-2011

Agency name and address:

Contact person:

Agency telephone number:

Agency fax number:

Name and brief description of program:

Amount of funding requested:

Description of target population:

Statement of Need: Statistical information stating the problem among the target population and how the proposed program will meet this need:

Number of unduplicated clients to be served:

I hereby certify that the information contained within this proposal is true and accurate. This agency is applying for Human Service Development Fund monies from Luzerne County to provide the service(s) described in this document. If this proposal is accepted and approved for funding, this agency will provide the service(s) herein described. I further acknowledge that this proposal will become, if funding is approved, a legally binding portion of the professional services contract between this agency and the County of Luzerne.

Authorized Signature for Agency

Date

FORM 1- PROGRAM OUTCOMES

AGENCY:

PROGRAM: Human Services Development Fund

Inputs (Resources)

Activities (Services)

Outputs (Products)

Inputs (Resources)	Activities (Services)	Outputs (Products)	

FORM 1- PROGRAM OUTCOMES (continued)

AGENCY:

PROGRAM: Human Services Development Fund

Outcomes (Benefits for people)

Indicators (A specific observable, Measurable change that will Represent achievement. Specific Statistic)

Data Source (Service) Population)

Data Collection Method (Measurement tools)

Outcomes (Benefits for people)	Indicators (A specific observable, Measurable change that will Represent achievement. Specific Statistic)	Data Source (Service) Population)	Data Collection Method (Measurement tools)

FORM 2 – PROGRAM BUDGET

AGENCY:

Program:

	FUNDER #1	FUNDER #2	FUNDER #3	FUNDER #4	TOTAL
Support & Revenue					
1 0000 HSDF Funding					
2 0000 United Way Support					
3 4000 Fund Raising/Donations					
4 4300 Investment Income					
5 5000 Federal Funding					
6 5000 State Funding					
7 5000 Local Public Funding					
8 6300 Service Fees/Sale of Materials					
9 6900 Miscellaneous/Other					
10					
11					
12 TOTAL SUPPORT & REVENUE					
Expenses					
13 7000 Salaries					
14 7100 Employee Benefits					
15 7200 Payroll taxes, etc.					
16 8000 Professional Fees/dues					
17 8100 Supplies/materials					
18 82000 Communication					
19 8400 Occupancy					
20 8500 Equipment/Vehicle					
21 8700 Travel/Conference expenses					
22 8900 Specific assistance to individuals					
23 9300 Insurance					
24 9400 Misc./Other program operating costs					
25					
26					
27 TOTAL EXPENSES					
28 Allocation's % of program					100%
29 % Program support of total agency budget					

