



County of Allegheny

RICH FITZGERALD
COUNTY EXECUTIVE

Department of Human Services

REQUEST FOR PROPOSAL

LGBTQ/SOGIE Community Training Team

Activity	Target Date
County Issues RFP	3/26/2014
Questions in advance by email	Ongoing until seven days prior to proposal due date
Publish Q & A http://www.alleghenycounty.us/dhs/rfp.aspx	Ongoing until seven days prior to proposal due date
Proposal Due	4/30/2014
RFP Evaluation Period	5/5/2014 through 05/19/2014
Recommendation of Provider (s)	5/23/2014
Contract Begin Date	7/1/2014

Allegheny County Department of Human Services

REQUEST FOR PROPOSAL

LGBTQ/SOGIE¹ COMMUNITY TRAINING TEAM

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¹ LGBTQ – Lesbian, Gay, Bisexual, Transgender, Queer, Questioning
SOGIE – Sexual Orientation, Gender Identity and Expression

A. General Instructions and Information

About this Document

This document is a Request for Proposal (RFP). It differs from an invitation to bid in that the County is not seeking a quotation meeting from specifications for the lowest price. DHS has agreed to partner with the Center for the Study of Social Policy to serve as a piloting jurisdiction to field test guidelines for collecting, sharing and disclosing data about sexual orientation and gender identity and expression (SOGIE) of children and youth in the child welfare system. The proposal selection process should be viewed as a standard that measures how well a proposal meets the desired requirements and needs of the County. The criteria that the County will use in evaluating the proposals, pre-qualifying applicants, and making an award of a contract(s) are set forth in the RFP Selection Process. The County reserves the right to select, and subsequently recommend for an award, the proposal or proposals which best meet its required needs, quality levels, and other constraints. It is the intent of DHS to contract with a sufficient number of entities to assure the provision of adequate services throughout the term of the agreement as determined by DHS's sole discretion.

The issuance of the RFP does not obligate the County to enter into a contract for any services. The County reserves the right to reject any and all proposals submitted.

Examination of Documents and Requirements:

Proposer(s) shall carefully examine all RFP documents and thoroughly familiarize themselves with all requirements prior to submitting a proposal to ensure that the proposal meets the intent of this RFP. Before submitting a proposal, each Proposer(s) shall be responsible for making all investigations and examinations that are necessary to ascertain conditions and requirements effecting the requirements of this RFP. Failure to make such investigations and examinations shall not relieve the provider from an obligation to comply, in every detail, with all provisions and requirements of the RFP.

Minority, Women or Disadvantaged Business Enterprise (M/W/DBE) Requirements:

M/W/DBEs shall receive equal opportunities to submit proposals and shall not be discriminated against on the grounds of race, color, sex, disability, or national origin in consideration of an award. A MWDBE is defined as a small business concern which is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals, or in the case of any publicly owned business, at least 51% of the stock of which is owned by one or more socially and economically disadvantaged individuals. Socially and economically disadvantaged include Women, Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, and Asian-Indian Americans. A listing of MWDBE's certified by the County and the Pennsylvania Unified Certification Program can be found at www.county.allegheny.pa.us/mwdbe or the Resource document page 15.

This Request for Proposal contains requirements for Proposer(s) to assist the County in meeting its M/W/DBE goals. Therefore, Proposer(s) must document their plan or good faith efforts to meet those goals. The M/W/DBE Participation Statement is required with proposal submission. See Appendix A of this RFP.

Proposal Preparation Costs:

Issuance of this RFP does not commit the County, in any way, to pay any costs incurred in the preparation and submission of a proposal. All costs related to the preparation and submission of a proposal shall be paid by the Proposer(s).

B. Introduction

As part of the ongoing efforts of Allegheny County Department of Human Services (DHS) to improve services and supports for youth and families, DHS has agreed to partner with the Center for the Study of Social Policy to serve as a piloting jurisdiction to field test guidelines for collecting, sharing and disclosing data about sexual orientation and gender identity and expression (SOGIE) of children and youth in the child welfare system. Essentially guiding principles, the guidelines provide a professional context to answer questions regarding under what circumstances should child welfare personnel seek, record, and disclose information about a child's sexual orientation or gender identity if it is not otherwise disclosed.

As a result of a variety of needs assessment activities, it has been determined that education and training of child welfare staff, supervisors and administration is a strong and necessary part of this work to increase competency in order to provide culturally appropriate support to all children involved in child welfare, and across all child serving systems.

Through this RFP, DHS is seeking to contract with local community organizations or individuals to form a Community Training Team, which would be responsible for implementing an LGBTQ Train-the-Trainer curriculum across DHS's child-serving systems. This model has been selected in order to fill a critical gap in the community by developing a sustainable network of internal trainers, as well as providing contracted provider agencies the opportunity to participate in a local training consortium specific to LGBTQ-related topics. This training initiative is part of a larger effort at DHS to move our network's culture and practice to a place where service providers understand and know how to address the unique needs of LGBTQ people in a welcoming and affirming way.

Hereafter, the term "LGBTQ/SOGIE Community Training Team" may be used interchangeably with "Proposer(s)" during the description of responsibilities a Proposer(s) should expect to perform if they are selected.

Eligibility

Non-profit organizations, faith-based organizations, universities/educational entities and independent contractors in Allegheny County are eligible to apply. Organizations do not need to have an existing contract with Allegheny County, but must meet all of Allegheny County contractual requirements, available at: <http://www.alleghenycounty.us/dhs/contracting.aspx> and have the programmatic, financial and staffing capability to conduct this activity. Individuals and organizations may be listed as partners on more than one Community Training Team proposal.

C. Background

All youth in child welfare settings face challenges to their well-being, but research shows that lesbian, gay, bisexual, transgender and questioning (LGBTQ) children and youth have poorer outcomes and face greater risks for the future. They are often in the child welfare system because of severe trauma and rejection by family, friends and community institutions solely because of how they identify. Many of these children are sexually exploited within their families and vulnerable to sexual predators. It is often this stigma and related physical and emotional abuse that lead to LGBTQ youth running away and experiencing homelessness. Recent work in California suggests they also face greater risk of exploitation by human traffickers.

Compounding all of this is the lack of reliable information about the prevalence of youth in child welfare systems that identify as LGBTQ. Youth today are fluid in how they identify in terms of orientation, identity and expression. Developmentally they may explore various options as part of their development. Some may identify as LGBTQ, some may be questioning for many reasons including prior sexual abuse which may not be evident or a presenting issue when they enter care. The system needs a mechanism for guiding those who work with these youth to make sensitive inquiries about and respond to the youth's sexual orientation, gender identity and expression. Furthermore, all of these problems are compounded when the LGBTQ youth are young people of color and/or are involved with multiple systems, such as homeless, mental health and disability agencies.

While there are isolated local examples of good practice, much more is needed. The Center for the Study of Social Policy's (CSSP) **get R.E.A.L** initiative begins this process. It starts by addressing the need to collect reliable and confidential data and delves deeper by field-testing how a child welfare agency can use a new set of guidelines as a cornerstone to a more comprehensive approach to meeting the needs of LGBTQ children and youth.

get R.E.A.L begins to frame a broader approach to dealing with sexual orientation, gender identity and expression through the development of training, policies, programming and a practice model. It also brings together a network of influential organizations so these issues can be considered more broadly and translated into local practices across the country.

In July 2013, DHS was awarded a **get R.E.A.L** grant from CSSP to pilot a set of guidelines for collecting, sharing and disclosing data about sexual orientation and gender identity and expression of children and youth in the child welfare system.

The guidelines provide the framework for utilizing client data to ensure the safety, permanency and well-being of children across the spectrum of sexual orientation and gender identity and expression. Essentially guiding principles, the guidelines provide a professional context to answer questions regarding under what circumstances should child welfare personnel seek, record and disclose information about a child's sexual orientation or gender identity if it is not otherwise disclosed. The guidelines are broken up into five primary areas: (1) collecting information for individual case planning; (2) collecting information for agency assessment and planning; (3) recording information; (4) disclosing information; and (5) institutionalizing practice. The **get R.E.A.L** pilot project is also intended to inform the grant team of what is needed in terms of tools, policies, training and technical assistance to effectively implement the guidelines on a national level.

In addition, the **get R.E.A.L.** pilot project is guided by a set of **Guiding Principles**:

- All children deserve safety and acceptance in their homes and communities;
- All children need support and nurturance to develop and embrace all aspects of their evolving identities, including their sexual orientation and gender identity and expression;
- Children thrive when their caregivers affirm and respect their sexual orientation and gender identity and expression, and family acceptance both protects against health risks and promotes overall health;
- Children experience negative health and mental health outcomes when their caregivers reject or fail to support their sexual orientation and gender identity or expression; and
- Children perceived by others to be lesbian, gay, bisexual or gender nonconforming are exposed to the same risks as children who openly identify as lesbian, gay, bisexual or transgender.

As an integrated department, DHS intends to work toward implementation of the guidelines across all of our child-serving systems (including behavioral health and intellectual disability), and to work with our external system partners to share best practices locally – building on our already existing partnerships with juvenile probation, physical health care systems and public schools.

As part of the implementation planning for the **get R.E.A.L.** pilot project, comprehensive needs assessment activities are being conducted to get an accurate view of the strengths and needs of our child welfare administration and staff, and DHS cultural sophistication as a whole, as well as that of contracted providers who serve children and youth involved in child welfare.

Based on early and brief analysis of the needs assessment survey completed within the Allegheny County Office of Children, Youth and Families, it is clear that multiple levels of training are needed to assist Allegheny County in getting to a place where professionals can efficiently, appropriately, and safely implement the guidelines referenced above. DHS is interested in partnering with local community organizations to develop and implement an LGBTQ Train-the-Trainer curriculum in order to develop a sustainable network of internal trainers, as well as provide contracted provider agencies the opportunity to participate in the creation of a local training consortium specific to LGBTQ related topics. The primary role of the Proposer(s) is to serve as a Trainer of Trainers – training DHS staff as well as individuals from community organizations on the subject matter and on how to be effective trainers.

Train-the-Trainer implementation will encompass the following systems:

- Child Welfare
- Behavioral Health
- Intellectual Disabilities
- Juvenile Justice
- Courts
- Schools (only Student Assistance Program and Truancy)

Curriculum Related Topics

The following is a list of potential topics on which the LGBTQ/SOGIE Community Training Team will be expected to train. This is not an exclusive list.

- LGBTQ 101
 - Terminology, Spectrums
 - Health and Outcome Disparities
 - Effects of Affirmation and Rejection
 - Cisnormativity
 - Heteronormativity
- LGBTQ 102
 - Self-Reflection/Privilege and Bias
 - Best Practices (High Level)
 - Program area specific best practices (e.g. needs of LGB youth in out of home care, needs of Transgender youth in out of home care, intervening with biological, adoptive, and foster parents, identity and expression in early childhood development, etc.)
 - Guidelines for Managing Information
- Trainer Specific
 - How to Be a Trainer
 - Adult Learning Principles
 - Culture Change

Minimum Requirements for LGBTQ/SOGIE Community Training Team Proposer(s)

The following list outlines the major requirements that DHS has for the Community Training Team. In the application that follows (page 7), Proposer(s) will be asked to address how they will meet these requirements.

Community Training Team Proposer(s) must clearly demonstrate their commitment to...

1. Work with DHS and CSSP to develop and implement a train-the-trainer curriculum and certification process (to include how to be an effective trainer in addition to the content to be trained)
2. Work with DHS and CSSP to adapt the curriculum for use in both a classroom environment as well as web-based training to support ongoing learning and skill development
3. Work with DHS and CSSP to modify the curriculum as necessary to ensure continuous quality improvement
4. Partner with at least one other new organization/community group (i.e. not an existing affiliation) to be part of the training team²
5. Serve as a co-trainer with the trained trainers as part of the trainer “certification” process

² We know that many trainers are well-versed in the needs of the LGB community, but that the needs of the trans* community and people of color are often not adequately addressed. Partnerships that ensure that people of color and trans* individuals are fully participating in the training will be highly valued in this process, as well as collaborations with youth organizations. In addition, RFP submissions that demonstrate the value of including youth and/or family members with lived experience as trainers will also be viewed favorably.

6. Mentor and coach trainers
7. Actively participate in ongoing evaluation and quality assurance activities

Evaluation Overview

As participants in the **get R.E.A.L. – Allegheny** pilot project, the LGBTQ/SOGIE Community Training Team will be required to participate in evaluation activities in order to measure the effectiveness of training programs in meeting the needs of DHS staff and contracted providers, and to ensure that services are delivered in a manner consistent with the DHS vision and practice model. Findings from the evaluation will be used to improve and strengthen the local programs as well as inform other participating jurisdictions on a national level. These evaluation activities fall under two major categories, which are discussed below:

- 1) The **get R.E.A.L. – Allegheny** Process Evaluation
- 2) The Continuous Quality Improvement (CQI) process.

get R.E.A.L. – Allegheny Process Evaluation

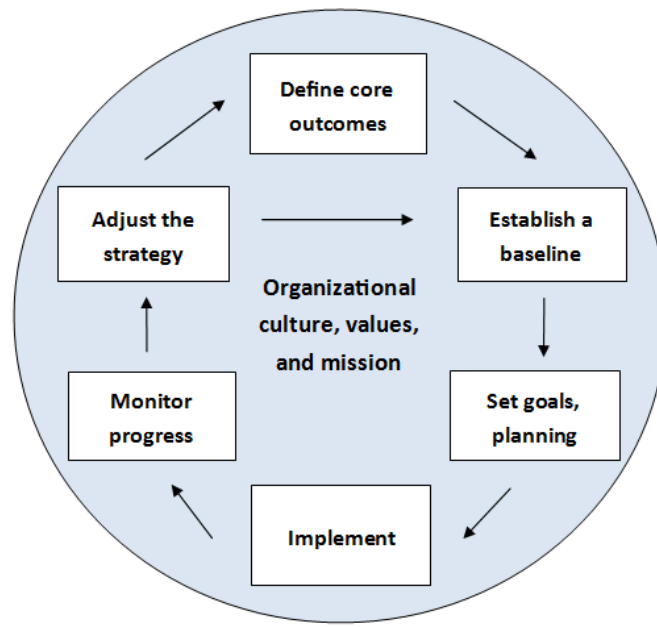
As a recipient of a CSSP/**get R.E.A.L.** grant, DHS is required to take part in a process evaluation. The process evaluation will focus on all aspects of the LGBTQ/SOGIE Project roll out, including what supports were needed, what worked, what didn't work, etc. Data collection for this type of evaluation is guided by historical information from CSSP on relevant activities and environmental information prior to the implementation of the grant, monthly reports from the grantee, results of an institutional analysis, interviews and surveys of target populations, and other qualitative and quantitative inquiries as are deemed appropriate and necessary.

The process evaluation has several goals. It will:

- Evaluate the implementation of the *Guidelines for Managing Information Related to Sexual Orientation and Gender Expression and Identity of Children in Child Welfare Systems* in Allegheny County.
- Use an implementation science framework to identify and assess the core implementation drivers necessary for implementation and sustainability of the Guideline
- Evaluate eight implementation outcomes, including acceptability, adoption, appropriateness, costs, feasibility, fidelity, penetration, and sustainability.
 - Identify barriers and facilitating factors in moving through the stages of implementation
 - Identify and assess the core implementation drivers necessary for sustainability.

Continuous Quality Improvement (CQI) Process

DHS's LGBTQ/SOGIE Project Team is dedicated to fulfilling its mission and values through a process of continuous quality improvement (CQI). This process involves the constant monitoring of various aspects of training development, implementation, and anticipated short/long-term outcomes. It is facilitated by the evaluation and operations staff within the DHS Office of Data Analysis, Research and Evaluation (DARE) and the **get R.E.A.L. – Allegheny** project team who are charged with guiding the development of the CQI process and interpreting outcomes. A visual depiction of the CQI process is provided below, along with a listing of activities conducted to support this process.



CQI Activities:

- Training CQI Activities
 - Pre/Post Train-the-Trainer Assessments
 - Video Validation with Feedback Session
 - Training Participant Surveys
 - Training Observations
 - **get R.E.A.L. – Allegheny** project team and CSSP team will conduct periodic training observations and focus groups as appropriate.
- Evaluation Reporting
 - **get R.E.A.L. - Allegheny** project team create and distribute:
 - Quarterly outcomes evaluation reports to Community Training Team and other stakeholders/key partners
 - Focus groups and qualitative interviews when they occur

D. Proposal Instructions and Evaluation Criteria

Proposals are limited to a total of 5 narrative pages, plus executive summary, budget and budget narrative, résumés and attachments. Please submit only proposals with 1-inch margins, 12 point font and numbered pages. Single spacing is permissible. Proposals will be rated on a 100-point scale – the scoring breakdown is listed below. **For your proposal to be eligible for consideration, it must be submitted before the deadline and include each of the scored items listed below.**

Following is the format for the Proposal. Please be sure to label each section, respond to all questions, and number all pages.

1. **Proposal Authentication** (see Appendix A)
2. **Abbreviated Application** (see Appendix B)

3. Executive Summary (Please limit to one page):

- Why is your Training Team interested in this opportunity?
- Briefly describe your Training Team’s experience and qualifications.
- Briefly describe how your Training Team exemplifies the DHS Vision and Practice Model values and will incorporate the **get R.E.A.L.** guiding principles.
- State the funding amount you are requesting to serve as the LGBTQ/SOGIE Community Training Team.

4. Narrative (Please limit to five pages):

Training Team Qualifications (25 points)

- What is the make-up of your LGBTQ/SOGIE Community Training Team and how does that demonstrate diversity, complementary skill sets, and a youth focus?
- What strengths does your Team have that will aid training curriculum development and implementation?
- How will you ensure adequate staff capacity to be able to meet timeframes and the necessary volume of training? Is there a sustainability plan if trainers leave the organization/Team?
- What is the experience of your selected trainers? Do they have subject matter knowledge/expertise in human services? Training experience?

Overview of *get R.E.A.L.* – Allegheny guiding principles and DHS Vision and Practice Model (20 points)

- Describe how your Training Team exemplifies the DHS Vision and Practice Model values.
- Describe how the **get R.E.A.L.** guiding principles will be incorporated into the work.
- Describe anticipated barriers to training implementation and strategies to address identified barriers.

Implementation Outline (15 points)

- Describe the major activities that your Training Team will undertake in order to maintain full and equal participation and transparent communication.

5. Proposed Budget (15 points) (see Appendix E)

Review the Budget Worksheet Attachment to understand the expected time and resource commitments from the Training Team. Attach a line item budget describing your training costs, including the total contract amount you are proposing.

6. References (15 points)

Please list contact information for three references who could speak to your training qualifications.

7. Community Training Team Letters of Commitment (10 points)

Please attach a letter of commitment from each Community Organization that is participating on the Training Team. Team members listed on the cover sheet as part of the application development team do not need to write a letter. These letters of commitment should highlight their interest in joining the Team, their potential role, and the anticipated impact of their involvement on the success of the program.

8. Internal Revenue Service W-9 (see Appendix C)

9. **Vendor Creation Form** (see Appendix D)

10. **M/W/DBE Participation Form** (see Resources)

Evaluation Criteria

DHS will perform an initial screen of all proposals received, to be eligible for evaluation, a proposal must be:

1. Timely received from the Proposer(s)
2. Properly signed
3. Properly formatted and include the required forms and sections

Proposals that do not meet the initial screening are subject to rejection without further evaluation. DHS reserves the right to waive minor informalities in a proposal.

E. Technical Proposal Requirements

Issuing Office

The County's Department of Human Services (DHS) is serving as the "Issuing Office" for this RFP. The Issuing Office is the sole point of contact in the County with regard to all aspects of this RFP. Please refer all inquiries about the RFP in writing and email to:

DHS-RFP_LGBTQ/SOGIE@allegHENYcounty.us

All requests for additional information or clarification concerning this RFP must be submitted in writing no later than seven (7) day prior to the proposal due date, and email to:

DHS-RFP_LGBTQ/SOGIE@allegHENYcounty.us

Addendum and Modifications

Any changes, additions, deletions, or clarifications to the RFP are made by written document called an addendum. Any Proposer(s) in doubt as to any part of the RFP may request an interpretation or clarification from the Issuing Office. At the request of the Proposer(s), or in the event the Issuing Office deems the interpretation to be substantive, the interpretation shall be made by addendum issued by the Issuing Office. Such addendum issued by the Issuing Office shall become part of the proposal package having the same binding effect as provisions of the original RFP. No verbal explanations or interpretations shall be binding. In order to have a request for interpretation considered, the request must be submitted in writing and must be received by the Issuing Office no later than seven (7) days prior to the proposal due date. Addendums shall be posted to the following website

<http://www.allegHENYcounty.us/dhs/rfp.aspx>

Submission

Proposals should be submitted electronically in Word/Excel and PDF. To be considered, the proposal must respond to all requirements in the RFP. The contents of this RFP and your proposal shall become part of any contract(s).

In addition to the electronic copy, Proposer(s) may submit hard copy submissions via US mail to the address below, postmarked on or before the RFP due date **April 30, 2014**. All submissions must be clearly identified as "**LGBTQ/SOGIE COMMUNITY TRAINING TEAM.**"

Electronic

DHS-RFP_LGBTQ/SOGIE@allegheycounty.us

US Mail:

Allegheny County Department of Human Services
Attn: Leslie Lewis-Pollard
One Smithfield Street- 5th Floor
Pittsburgh, PA 15222

The County, through the Issuing Office, may make such investigation as it sees fit to determine the ability of the Proposer(s) to perform the work, and the Proposer(s) shall furnish the County all such information and data for this purpose as requested by the County. The County reserves the right to reject any proposal if the evidence submitted by, or investigation of, such Proposer(s) fails to satisfy the County that such Proposer(s) is properly qualified to carry out the obligations of the contract and to satisfactorily perform the work specified.

Final Award Process

The County will designate an appropriate committee for the review and evaluation of all proposals submitted in response to this RFP. The team representatives may be:

- In the employ of the County
- Recruited from local funding partners
- Recruited from local educational institutions for subject matter expertise
- Others as determined by the County.

The County's evaluation committee will establish an appropriate evaluation method, such as a matrix, to analyze the Proposer's qualifications. The County may, at its discretion, request additional information or clarification from Proposer(s) and/or conduct interviews with Proposer(s) as deemed necessary.

After discussions and negotiations, the DHS Evaluation Committee will tabulate and submit award recommendation to the Director of DHS and the County's Purchasing Division. The award of any contract must be approved by the County Manager.

F. Selection Process

The County uses the concept of "Best Value" in evaluating proposals. "Best Value" means the overall combination of quality, price and various elements of required services that in total are optimal relative to the County's needs and most advantageous.

The County will use a formal evaluation process to select the successful respondent(s). The County will consider capabilities or advantages that are clearly described in the proposal. The County reserves the right to contact individuals, entities, or organizations that have had dealings with the respondent or proposed staff, whether or not identified in the proposal.

Oral Presentations and Site Visits

The Evaluation Committee may request oral presentations, site visits, and/or demonstrations from one or more respondents. The County will notify selected Proposers of the time and location for

these activities, and may supply agendas or topics for discussion. The County reserves the right to ask additional questions during oral presentations, site visits, and or demonstrations to clarify the scope and content of the written proposal. The respondent's oral presentation, site visit, and/or demonstration must substantially represent material included in the written proposal, and should not introduce new concepts or offers unless specifically requested by the County.

Discussions with Proposers

The County may, but is not required to, conduct discussions with all, some, or none of the Proposers for the purpose of obtaining the best value for the County. It may conduct discussions for the purpose of:

- Obtaining clarification of proposal ambiguities;
- Requesting modifications to a proposal; and/or
- Obtaining a best and final offer.

G. Contract Terms

This Request for Proposals (RFP) provides interested, qualified Proposer(s) with information to submit proposals for consideration by DHS for the development of an LGBTQ Community Training Team that will collaborate with DHS and the Center for the Study of Social Policy in the development and implementation of a train-the-trainer and trainer coaching model of training delivery through an agreement with DHS.

1. Contract Type

This RFP will employ a reasonable selection process to identify the most advantageous and appropriate proposals to meet the DHS's needs in terms of service quality, provider experience and other evaluative factors.

Funding is contingent upon availability of sufficient funds. Since a contract may be awarded on a received proposal without further negotiations or revisions, proposals should present the most favorable terms from a service delivery standpoint. Incomplete or incorrectly completed proposals may be rejected outright.

2. Contract Period

When a contract is awarded from this RFP, the term of the contract will be from July 1, 2014 to June 30, 2016. The contract may at the sole discretion of DHS be renewed annually.

The Successful Proposer(s) will be responsible for and begin to provide all services on July 1, 2014. DHS must be notified of potential or actual ownership changes and/or relocation during negotiations or the contract year at least two (2) weeks prior to any such changes.

DHS may adjust the amount or rate of reimbursement during the contract term at its discretion, based on availability of funds, provider performance, utilization reviews, associated costs and priorities of the overall program.

3. Compliance Review

The successful Proposer(s) must submit, if necessary, upon request of the DHS Compliance Unit financial statements, audits, policy and procedure documents or other additional documentation. In addition the successful Proposer(s) shall permit the DHS Compliance Unit to visit the prospective provider, if necessary, to review supporting documentation and accounting records and verify sufficient internal controls are in place.

4. Contract Terms and Conditions

The standard DHS contract, including all insurance requirements can be found on the DHS website at <http://www.alleghenycounty.us/dhs/contracting.aspx>

The successful Proposer(s) must at the time of contract execution provide an insurance ACORD certificate meeting all of the minimum insurance requirements stated in Exhibit C of the Contract. Costs associated with the purchase of such insurance are the sole responsibility of the provider.

5. HIPAA Compliance

DHS is a covered entity with regard to the Health Information Portability and Accountability Act (HIPAA). The successful Proposer(s) must be prepared to comply with any applicable HIPAA requirements and appoint a HIPAA Compliance Officer.

6. CYBER Security

A significant portion of the DHS business activities and related billing carried out under this RFP are done through information management systems or tools, including email. Proposer(s) should meet the minimum computer specifications in the DHS Contract Specifications Manual available on the DHS website and should make sure their computers, laptops, and other electronic devices have sufficient security software and settings to minimize the risk of a breach of information. In addition the Proposer(s) should have policies and procedures in place to assure their electronic devices are physically secure when not in use (i.e. locked in a vehicle trunk, password protected, etc.).

7. Conflict of Interest

The Proposer(s) shall not accept gifts or anything of value nor enter into any business arrangement with any employee, official or agent of the County.

By signing their proposal, the Proposer(s) certifies and represents to the County that the Proposer(s) has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

8. Equal Employment Opportunity/Non-Discrimination

Proposer(s) shall not discriminate against any employee, applicant for employment, independent contractor, consumer or any other person on the basis of race; color; religion; national origin or ancestry; sex; gender identity or expression; sexual orientation; disability; marital status; familial status; age (40 or over); or use of a guide or support animal because of blindness, deafness or

physical disability of any individual or independent contractor or because of the disability of an individual with whom the person is known to have an association; or on any other basis prohibited by federal, state or local law. See Resources page 15

9. Contract Specifications

The successful Proposer(s) will enter into a contract with the Allegheny County Department of Human Services for performance of the work specified in this request for proposal and as may be further defined in the Proposer's qualifications. Contracting with DHS (terms and conditions) can be found on the DHS website at:

<http://www.alleghenycounty.us/dhs/contracting.aspx>.

H. Resources

[Equal Employment Opportunity \(EEO\)](#)



Equal Employment
Opportunity.pdf

[M/W/DBE Participation Form – REQUIRED WITH PROPOSAL SUBMISSION](#)



MWDBE Participation
Statement.docx

[M/W/DBE Utilization Affirmative Action Requirements for Proposers](#)



MWDBE Utilization
Affirmative Action Req

[M/W/DBE Participation Waiver Request](#)



MWDBE Participation
Waiver Request.docx

[M/W/DBE Contracts Specifications Manual](#)



MWDBE Contracts
Specifications Manual.

APPENDICES

PROPOSAL AUTHENTICATION FORM

TITLE: LGBTQ/SOGIE Community Training Team

ADVERTISING DATE: MARCH 26, 2014

DUE DATE: APRIL 30, 2014

DESCRIPTION: Proposal to develop and implement LGBTQ/SOGIE Community Training Team

<p>The undersigned hereby offers to furnish and deliver the services as specified in strict accordance with the RFP and scope of proposal, all of which are made a part of this request. This offer is not subject to withdrawal without permission of the County of Allegheny Department of Human Services Director.</p> <p>FULL LEGAL COMPANY NAME: _____</p> <p>DOING BUSINESS AS: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY, STATE AND ZIP CODE: _____</p> <p>AUTHORIZED SIGNATURE: _____</p> <p>PRINT NAME: _____</p> <p>TITLE OF AUTHORIZED SIGNER: _____</p> <p>TELEPHONE #: _____ FAX #: _____</p> <p>WEBSITE URL: _____</p> <p>E-MAIL ADDRESS: _____</p>

Chapter 2

COMPANY INFORMATION

(This information is for tracking purposes only and has no role in the determination of the responsible proposer.)

- Check here if your firm is registered with the Allegheny County Department of Minority, Women and Disadvantaged Business Enterprises
- Check here if your firm is a "Minority Business Enterprise" or "MBE" as defined in the Small Business Act, 15 USC
- Check here if your firm is a "Women Business Enterprise" or "WBE" as defined in the Small Business Act, 15 USC
- Check here if your firm is a "Small Business" as defined by the Small Business Administration (13 C.F.R. 121.201, in most cases, this means a business with 500 or fewer employees)

NOTE: THIS PAGE MUST BE SUBMITTED WITH YOUR PROPOSAL. ALL PAGES REQUIRES A LIVE SIGNATURE SIGNED IN BLUE INK.

ABBREVIATED APPLICATION

1. Primary Contacts

	Chief Executive	Chief Information Officer	Chief Financial Officer	Contract Processing Contact
Name				
Email				
Phone				

Note: If you are an individual applying, you may identify yourself for all of the above roles.

2. I/we certify that this I/we/this organization is not currently under suspension or debarment by the Commonwealth of Pennsylvania, any other state, county or the federal government.

So certified

3. Have you ever obtained or been denied a performance or fidelity bond, or has your bond ever been revoked?

Yes No

If yes, explain:

4. Has an application to be an Allegheny County provider/vendor been denied in the past?

Yes No

If yes, explain:

5. Have you ever filed for bankruptcy?

Yes No

If yes, explain:

6. Have you paid all taxes for the past years, including but not limited to real estate tax, employer taxes, employee withheld taxes, personal income tax (if individual)?

Yes No

If yes, explain:

7. Do you have the capability to do electronic billing if required?

Yes No

If yes, explain:

8. Do you currently carry the insurance (see contract on DHS website) required to enter into a contract with DHS?

Yes No

If yes, explain:

9. Do you/your staff have valid Pennsylvania driver licenses?

Yes No

If yes, explain:

As an authorized signatory for _____ I hereby certify to the best of my knowledge and belief that the information in this proposal and application is true and accurate.

Signature: _____ Date: _____

Print/Type Name: _____ Title: _____

INTERNAL REVENUE SERVICE W-9

A fill-in version of this form can be obtained at the IRS website.

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
--	--	---

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ----- <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
OR
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Allegheny County

Vendor Creation Form

Controller's use only:

Supplier No. _____

1099 Eligibility: Yes No

Add Change Supplier No. _____

Company Information:

Federal Tax ID (TIN)

Company Name (Please type or print)

Original W-9 must be attached

Required information
Type of Service Provided

<u>Type of Commodity Provided</u> (please describe below)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Maintenance/Service Agreement | <input type="checkbox"/> Care Giver |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Personal Reimbursement | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Other (please list) | |

Required Information

Minority Or Women Owned

Yes No

If yes select ethnicity and gender of the vendor below:

- Asian Pacific American
- Black American
- Hispanic American
- Native American
- Subcontinent Asian American
- Non-Minority Woman
- Other

If Yes Male Female

Certified By: PAUCP PADGS Non PA Certification

(attach copy of certification)

Non-Profits including Faith Based Organizations

- Faith Based Non-Minority
- Faith Based Minority
- African American Non-Profit
- Other Non-Profit

Outreach Manager Interface Yes No

Industry Classification by NAICS Code

Primary Industry _____

Secondary Industry (if applicable) _____

*If code is not known go to <http://www.census.gov/epcd/naics02/naicod02.htm> and select the correct code.

Supplier Information (Search Type "P") – (Where PO should be sent to place order)

Please type or print

~~Company Name _____ Telephone Number _____
Address Line 1 _____ Fax Number _____
Address Line 2 _____
Address Line 3 _____
City _____ State _____
ZIP Code _____~~

Required Information

Supplier/Remit To Information (Search Type "V") – (Where check will be mailed for payment. Check must be made payable to exact name listed under TIN provided or check cannot be processed.)

Please print or type

Supplier/Payee Name _____
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____
City _____ State _____
ZIP Code _____
Telephone Number _____
Fax Number _____

*If the "remit to" information provided on form does not match invoices submitted for payment, the Controller's Office MUST contact supplier to verify address information before payments are processed. Thank you for your cooperation.

If the Allegheny County Department with which you do business is known, providing the information below will help in the processing of your payments. **Failure to include the information may result in processing delays.**

Allegheny County

Departmental Contact

Name Leslie Lewis-Pollard
Telephone No. 412-350-5663
Fax No. 412-350-3414
EMail Address: Lewis-pollard@alleghenycounty.us

Supplier/Payee Contact Name

Name _____
Telephone No. _____
Fax No. _____
Email Address: _____

BUDGET WORKSHEET – (FY 14/15, FY 15/16)

The following table outlines the major activities the Training Team will be expected to complete over the course of the two-year contract. Please review the activities and detail the amount of funding your team requests for each. Some scope estimates are provided for three of the activities, but we encourage Proposer(s) to add more detail where appropriate to explain proposed costs. If Teams anticipate the need for funding to cover additional activities/expenses, please itemize those expenses as well.

Activity	Scope Estimate	Two Year Cost
Curriculum development	10-12 hours per person	\$
Training of trainers	3 cohorts (total of 50 participants)	\$
	2 trainers per training	
	2 ½ days per training	
Co-facilitation with trainees	1 per trainee x 50 x 1 day x 1 trainer	\$
Technical assistance for trainees (incl. quarterly trainer meetings)		\$
Evaluation and quality improvement activities		\$
Training materials	*Prepared by DHS*	NA
Training scheduling and coordination	*Coordinated by DHS*	NA
Lunch at each full day training	*Covered by DHS*	NA
<i>Other Activities (Please List)</i>		
		\$
		\$
		\$
		\$
Total Two-Year Cost		\$

DHS INCLUSION STATEMENT, VISION STATEMENT AND PRACTICE MODEL

DHS Inclusion Statement

The Allegheny County Department of Human Services values inclusion, and will take affirmative steps to recognize and respect all individuals and encourages full participation in all areas of agency work and practice without exclusion. DHS believes that each person should have the opportunity for an empowering, impactful and positive experience. DHS embraces the diversity of life experiences, cultures and identities in the completion of its mission.

DHS Vision Statement

To create an accessible, culturally competent, integrated and comprehensive human services system that ensures individually tailored, seamless and holistic services to Allegheny County residents, in particular, the county's vulnerable populations.

In 2012, DHS undertook the next step toward full integration by developing the DHS Practice Model. The practice model is our conceptual map and organizational ideology describing the values and principles underlying our work and informing specific approaches and techniques used to achieve desired integration outcomes. It assures consistency and coordination not only across DHS but also across the network of partnering organizations that comprise our public human service system.

Values and Principles for Integrated Practice

- **Service integration begins with the individuals and families we serve.**
Whenever possible, a team approach involving the consumer/family, system partners and natural supports will develop and monitor the plan for services.
- **Individuals and families have the capacity to identify their own strengths, needs and goals; create relationships; and take steps necessary to accomplish these goals.**
Improving the health and well-being of individuals and families, and increasing their self-reliance to the extent possible, will be prioritized.
- **Consumers sustain their health and wellness with the support and assistance of their families and/or natural supports.**
The engagement of family and natural supports will be emphasized and the intrusiveness of formal service systems minimized, whenever possible.
- **Individualized and comprehensive services should be provided to consumers based on their unique needs.**
A full continuum of services (information, prevention, early intervention, case management, crisis intervention, after care), including tangible aid, when necessary, will be available to support those needs.
- **All services must be high-quality, accessible, and aligned with consumer and family strengths, needs and goals.**
Ongoing assessment of service quality and fidelity, through the use of data, research and timely measurement of program efficacy and outcomes, will direct continuous quality improvements.
- **All communities and populations have unique cultural characteristics.**
Services will be delivered in a manner that is inclusive, competent and respectful of these characteristics.

RESOURCES AVAILABLE FOR COMMUNITY PARTNERS

FINANCIAL

The selected LGBTQ/SOGIE Community Training Team will receive funding from the County that may be used to cover expenses such as (but not limited to):

- Salary/Wages
- Local Travel
- Supplies and Postage
- Material Development

TECHNICAL ASSISTANCE

DHS LGBTQ/SOGIE Project Team

The DHS LGBTQ/SOGIE Project Team consists of the individuals within the Allegheny County Department of Human Services dedicated to overseeing all aspects of the *get R.E.A.L. – Allegheny* pilot, as well as all projects related to LGBTQ affairs. The team is a single point of contact for LGBTQ/SOGIE Community Training Teams in arranging for technical assistance (TA) on a variety of issues. The primary contact person is listed below, along with some of the types of TA that will be provided.

Program Operations

(Shauna Lucadamo, shauna.lucadamo@alleghenycounty.us, (412) 350-2436)

- Assist in the development and modification of the training curriculum
- Assist with resource identification and development
- Provide support and guidance to contractors regarding training implementation activities
- Assist in assuring *get R.E.A.L.* and DHS values are adhered to and are integrated into the training development and implementation
- Coordinate trainings with internal/external trainers/organizations to meet specific training needs as identified through the pilot

Evaluation

(Megan Good, megan.good@alleghenycounty.us, (412) 350-5226)

- Assist with the development of training evaluation tools
- Provide guidance to interpret evaluation data and engage in continuous quality improvement processes

The Center for the Study of Social Policy

The *get R.E.A.L. – Allegheny* grant provides ongoing technical assistance from The Center for the Study of Social Policy (CSSP) in a variety of areas. Some of the types of technical assistance they can provide include curriculum development, evaluation, and quality assurance.