**PROPOSER INFORMATION**

Proposer Name: Click here to enter text.

Authorized Representative Name & Title: Click here to enter text.

Address: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Website: Click here to enter text.

Legal Status: [ ]  For-Profit [ ]  Nonprofit [ ] Sole Proprietor/Individual [ ] Partnership

Women Owned: [ ]  Yes [ ]  No

Minority Owned: [ ]  Yes [ ]  No

If yes, select the ethnicity:

[ ]  American Indian or Alaska Native [ ]  Black or of African decent

[ ]  Hispanic or Latino/a [ ]  Native Hawaiian/Pacific Islander

[ ]  Western Asian/Middle Eastern [ ]  East Asian/Far Eastern

[ ]  South Asian/Indian (Subcontinent) [ ]  Southeast Asian

[ ]  Other Asian [ ]  Multi-racial

Self-Describe: Click here to enter text.

Faith Based: [ ]  Yes [ ]  No

Partners included in this Proposal: Click here to enter text.

How did you hear about this RFP? *Please be specific.* Click or tap here to enter text.

**PROPOSAL INFORMATION**

Please indicate the existing resource(s) you plan to utilize, if applicable:

Facility: [ ]  Yes [ ]  No

Participant Van: [ ]  Yes [ ]  No

Staff (Select all that apply.):

|  |  |
| --- | --- |
|  | Existing ACTES Direct Staff |
|  | Position |
|  [ ]  | Program Manager  |
|  [ ]  | Site Staff Supervisor  |
|  [ ]  | Outreach Worker 1 |
|  [ ]  | Outreach Worker 2 |
|  [ ]  | BH Manager  |
|  [ ]  | Program Assistant  |
|  [ ]  | Coach  |
|  [ ]  | Work Crew Supervisor  |

Total dollar amount requested, not including the $451,000 for ACTES direct staff:

Click here to enter text.

**REQUIRED CONTACTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Phone** | **Email** |
| Chief Executive Officer | Click here to enter text. | Enter number. | Click here to enter text. |
| Contract Processing Contact | Click here to enter text. | Enter number. | Click here to enter text. |
| Chief Information Officer | Click here to enter text. | Enter number. | Click here to enter text. |
| Chief Financial Officer | Click here to enter text. | Enter number. | Click here to enter text. |
| MPER Contact\* | Click here to enter text. | Enter number. | Click here to enter text. |

*\** [*MPER*](http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Data-Processing/MPER.aspx) *is DHS’s provider and contract management system. Please list an administrative contact to update and manage this system for your agency.*

**BOARD INFORMATION**

*\* For the Board Chairperson, you must list an address, phone and email address different than the organization.*

Board Chairperson Name & Title: Click here to enter text.

Board Chairperson Address: Click here to enter text.

Board Chairperson Telephone: Click here to enter text.

Board Chairperson Email: Partners included in this Proposal: Click here to enter text.

How did you hear about this RFP? *Please be specific.* Click or tap here to enter text.

**REFERENCES**

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.

*Please do not use employees of the Allegheny County Department of Human Services as references.*

Click here to enter text.

**CERTIFICATION**

Please check the following before submitting your Proposal, as applicable:

[ ]  I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination, HIPAA and Pennsylvania’s Right-to-Know Law.

[ ]  By submitting this Proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have 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.

Choose one:

[ ]  My Proposal contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Proposal and providing contact information.

OR

[ ]  My Proposal does not contain information that is either a trade secret or confidential proprietary information.

**ATTACHMENTS**

Please submit the following attachments with your Response Form.

* + - * Partner commitment letters, if applicable
			* MWDBE and VOSB documents *(see Sections 6.1 and 6.2 of the RFP for more details)*
			* W-9

**REQUIREMENTS**

Please respond to the following. The maximum score a Proposal can receive is 95 points. Your response to this section should not exceed 12 pages. (Pages 1-3 are not included in the page count).

**Organizational Experience (10 points)**

1. Describe your organization’s administrative and programmatic experience implementing complex violence prevention and/or workforce development programs with fidelity. (5 points)

Click here to enter text.

1. Describe how this opportunity aligns with the mission of your organization, including examples of projects/programs that demonstrate your experience with data- and community-driven efforts and/or responding to the multi-faceted causes of violence in a way that emphasizes sustainability and capacity building. (5 points)

Click here to enter text.

**Program Implementation and Performance Management (40 points)**

1. Describe your organization’s approach to program implementation that meets all programmatic requirements, including the existing resources you plan to use of those outlined in *Section 2.1 Utilization of Existing Resources* (staff, facility, Participant van) and how you’ll navigate a change in management/staff/facility for programmatic continuity, smooth transition for program Participants and overall successful program implementation. (15 pts)

Click here to enter text.

1. Describe how ACTES will fit within your organizational structure, including how existing roles and functions will support or interact with the ACTES program and team. *If you are applying with a fiscal sponsor, or you are a fiscal sponsor applying on behalf of an implementing partner, please include an MOU or letter of commitment from that partner describing how this partnership will be structured and operationalized.* (10 pts)

Click here to enter text.

1. Describe the implementation challenges your organization anticipates and a plan to mitigate them. (5 pts)

Click here to enter text.

1. Describe your approach to ensuring ACTES is implemented with fidelity to the model, including the following elements:
	1. Internal oversight and supervision
	2. Data collection and sharing
	3. Capacity building

Include how your approach may differ in the various phases of program implementation (Participant outreach and recruitment, at transitional work sites, etc.). (10 pts)

Click here to enter text.

**Partnership and Collaboration (5 points)**

1. Describe the strengths, resources and/or insights your organization anticipates contributing to Allegheny County’s broader Community Violence Reduction Initiative (5 points)

Click here to enter text.

**Staff Management and Wellness (20 points)**

1. Describe your organization’s plan to retain and/or recruit qualified individuals with lived experiences of gun violence and/or criminal legal systems involvement. (10 points)

Click here to enter text.

1. Describe your organization’s plan for onboarding and continuous training of staff regarding program implementation and organizational culture and policies. (5 points).

Click here to enter text.

1. Describe your organization’s approach to providing a safe physical and emotional space for employees to address employee mental health and foster team wellness. Include a clear process for employees to safely elevate concerns within the organization/to the Board of Directors (if applicable). (5 pts)

Click here to enter text.

**Leadership Support (10 points)**

1. Provide a Letter of Support from your Board of Directors (or Executive Leadership if you do not have a Board) that demonstrates your organization has leadership buy-in to 1) implement a program serving individuals at highest risk of violence involvement and 2) employ staff with lived experience of violence involvement or incarceration. Include a brief description of your organization’s governance structure and the process used for decision making.

Click here to enter text.

**Financial Management and Budget (10 points, not included in page count)**

1. Attach a detailed line-item budget and annualized budget that clearly supports the Program and the implementation plan. (5 points)
2. Provide a budget narrative that explains and justifies the projected costs associated with each proposed line (5 points)