**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**

Which service are you proposing to provide? *(please check all that apply)*:

[ ]  CT-R Course Facilitation

[ ]  Curriculum-based Programming

[ ]  Activities-based Programming and Resource Coordination

If your organization is proposing to provide Curriculum-based Programming, please select the service area(s) for which you’re proposing to provide programming.

[ ]  Mental and Physical Health

[ ]  Substance Use Treatment-related Supports

[ ]  Job Training and Development

[ ]  Relationship Building and Maintenance

Total dollar amount requested: Click here to enter text.

Proposal summary *(please use only one sentence)*:

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: Click here to enter text.

Partners included in this Proposal: Click 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. Attachments do not count towards the page limit for your Proposal.

* + - * Sample Staffing Plan *(please provide a staffing plan for each service proposed)*
			* Sample Curriculum *(only for Proposers of Curriculum-Based Programming)*
			* Sample Activities Schedule *(only for Proposers of Activities-based Programming and Resource Coordination)*
			* Letter(s) of support from a community-based organization/individual
			* 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. **All Proposers must complete the Organizational Experience, Organizational Capacity and Budget Sections. Please complete these sections only once, regardless of the service(s) proposed.** The score from these sections will be added to the score for each service proposed. The maximum score that a Proposal can receive in each category of service is:

* Recovery-Oriented Cognitive Therapy (CT-R) Courses Facilitation = 95 points possible
* Curriculum-based Programming = 105 points possible
* Activities-based Programming and Resource Coordination = 80 points possible

Complete only the sections for the service(s) you wish to propose. Services not included in your Proposal may be left blank. Please stay within the page limit listed at the top of each section.

*All Proposers must complete these sections. Your response to this section must not exceed 5 pages.*

**Organization Experience (30 points)**

1. Describe your organizational experience and success working in difficult settings with high-need individuals and/or communities with diverse identities, especially current or former justice-involved individuals. (10 points)

Click here to enter text.

1. Describe your organizational experience and success in building trust in the communities within which you work, including at least one letter of support from a community-based organization/individual. (10 points)

Click here to enter text.

1. Describe your organizational understanding of trauma-informed approaches and explanation of how trauma-informed approaches will manifest in the Proposer’s program(s) and/or when working with program participants. (10 points)

Click here to enter text.

**Organization Capacity (15 points)**

1. Describe your organizational capacity to recruit, retain and supervise high-quality, diverse staff, including individuals with lived experience with justice system involvement. (5 points)

Click here to enter text.

1. Provide a sample staffing plan for providing sufficient coverage at all times with an appropriate number of staff who have appropriate responsibilities and levels of experience. (5 points)

Click here to enter text.

1. Referencing *Section 2.1 Collaboration with Beck Institute*, describe your organization’s plan to work with Beck Institute and strategies for agency-specific staff training, supervision and quality assurance. (5 points)

Click here to enter text.

**CT-R Course Facilitation (40 points)**

*Complete this section only if you are proposing to provide this service. If you are not proposing this service, please leave this section blank. Your response to this section must not exceed 7 pages.*

1. Provide a clear statement about why your organization is interested in facilitating the CT-R Course and how it aligns with the Proposer’s mission or current work. (5 points)

Click here to enter text.

1. Describe your organizational experience and success in implementing an evidence-informed program, intervention and/or service to model fidelity. (5 points)

Click here to enter text.

1. Describe your organization’s proposed facilitation approach in the ACJ and the community, including suggested locations, schedule and frequency, and engagement strategies for community-based groups (25 points)

Click here to enter text.

1. Describe your organization’s plan to incorporate peers or other credible messengers in your facilitation. (5 points)

Click here to enter text.

**Curriculum-based Programming (50 points)**

*Complete this section only if you are proposing to provide this service. If you are proposing to provide programming for multiple service areas, your responses must address each program proposed. If you are not proposing this service, please leave this section blank. Your response to this section must not exceed 7 pages per service area proposed.*

1. Provide a clear statement about why your organization is interested in developing and facilitating Curriculum-based Programming in the chosen service area(s) and how it aligns with the Proposer’s mission or current work. (5 points)

Click here to enter text.

1. Describe your organizational experience and success in implementing an evidence-informed program, intervention and/or service to model fidelity. (5 points)

Click here to enter text.

1. Describe your organization’s proposed approach to the design of the curriculum, including a sample curriculum, for the proposed service area(s) and any pathways to complementary community-based programming. (20 points)

Click here to enter text.

1. Describe how your organization intends to facilitate the curriculum for the proposed programming for each proposed service area(s). (5 points)

Click here to enter text.

1. Describe your organization’s intended outcomes for proposed programming and associated measures of success (5 points)

Click here to enter text.

1. Describe the evidence base supporting your organization’s proposed programming and explain how the programming will achieve the intended outcomes. (10 points)

Click here to enter text.

**Activities-based Programming and Resource Coordination (25 points possible)**

*Complete this section only if you are proposing to provide this service. If you are not proposing this service, please leave this section blank. Your response to this section must not exceed 7 pages.*

1. Provide a clear statement about why your organization is interested in coordinating activities and resources for individuals incarcerated in the ACJ and how it aligns with the Proposer’s mission or current work. (10 points)

Click here to enter text.

1. Describe your organization’s proposed approach for Activity-Based Programming and Resource Coordination, including a sample schedule of all proposed activities. (10 points)

Click here to enter text.

1. Describe any potential challenges your organization anticipates and how you would address them. (5 points)

Click here to enter text.

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

*All Proposers must complete this section. Budgets and budget narratives must reflect costs for all services proposed.*

1. Attach a detailed line-item budget of the costs associated with all proposed strategies, including staff salaries, matching funds, and total expenses and revenues. (5 points)
2. Provide a budget narrative that clearly explains and justifies all line items in the proposed line-item budget. (5 points)