**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**

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: 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. Attachments do not count towards the page limit for your Proposal.

* + - * Example of a past curricula and/or training plans
      * Proposed curriculum
      * Facilitator CVs
      * Partner commitment letters, if applicable
      * MWDBE and VOSB documents *(see Sections 6.1 and 6.2 of the RFP for more details)*
      * W-9 *(template available on the available on the RFP Opportunity Page)*

**REQUIREMENTS**

Please respond to the following. The maximum score a Proposal can receive is 110 points. Your response to this section should not exceed 12 pages. (Pages 1-3 are not included in the page count).

**Organizational Experience (35 points)**

1. Describe your organization’s experience providing training that prepares newly promoted supervisors, managers and leaders. (10 points)

Click here to enter text.

1. Describe your organization’s experience providing programming that enhances the supervisory, management and leadership competence of existing employees working in a public sector setting, including any relevant example(s) from previous curricula developed and outcomes achieved. (10 points)

Click here to enter text.

1. Describe your organization’s experience providing leadership and management training and other approaches to ensure staff have tangible strategies and tools they can apply to the leadership and management of their teams. (10 points)

Click here to enter text.

1. Describe your organization’s experience and approach to developing inclusive curricula for a diverse workforce. (5 points)

Click here to enter text.

**Implementation (30 points)**

1. Attach your organization’s proposed curriculum for each training and a description of your training plan, including your proposed approach. (20 points)

Click here to enter text.

1. Provide a detailed timeline for the design and implementation of the training, including dates and objectives for significant tasks. (5 points)

Click here to enter text.

1. Describe your organization’s plan for collaboration with DHS for implementation of the training. (5 points)

Click here to enter text.

**Staffing (20 points)**

1. Describe your organization’s proposed staffing plan, including a description of key staff roles and responsibilities. (10 points)

Click here to enter text.

1. Describe your organization’s plan to recruit and retain dedicated, qualified and diverse staff to coordinate and facilitate the training. Provide a CV for each identified training facilitator. (10 points)

Click here to enter text.

**Evaluation (15 points)**

1. Describe your organization’s plan to evaluate each training in the proposed training plan. (5 points)

Click here to enter text.

1. Describe your organization’s plan to share evaluation data with DHS. (5 points)

Click here to enter text.

1. Provide two examples of training evaluations and/or continuous quality improvement processes your organization has implemented. (5 points)

Click here to enter text.

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

1. Attach a detailed line-item budget that reflects a realistic estimate of the costs associated with implementing and evaluating the training. (5 points)
2. Provide a budget narrative that clearly explains all assumptions and justifies all line items in the proposed budget. (5 points)