**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):*

* Occupational Therapy Assessments
* Home Modifications

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.

* + - * Board-certifications, licensures, and insurances, if applicable
			* Resume of Occupational Therapy professional and assistant, if applicable
			* 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, Staffing and Budget Sections.** The total score from these sections will be added to the score for each service proposed. The maximum score a Proposal can receive for each service is:

* + - Occupational Therapy (OT) Assessments = 100 points possible
		- Home Modifications = 100 points possible

Only complete the sections for the service(s) you wish to provide. A service 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 7 pages.*

***Organizational Experience (40 points)***

1. Describe your organizational experience providing the proposed service(s) for older adult residents. (10 points)

Click here to enter text.

1. Describe your organizational experience collaborating with older adults and their natural and professional supports, if applicable. (10 points)

Click here to enter text.

1. Describe your organizational experience and approach to collaborating with external providers, including governmental agencies. (10 points)

Click here to enter text.

1. Describe your organizational experience and approach to maintaining compliance with all local, state and federal regulations, including licensures, certifications, insurances and bonds. If you currently do not meet one or more of these requirements, describe your plan to apply for and obtain the required documentation; indicate what assistance you will require from DHS, if any. (5 points)

Click here to enter text.

1. Describe your organizational commitment to serving all individuals regardless of their race, religion, ethnicity, sexual orientation, gender identity and expression (SOGIE), intellectual or physical ability, English language proficiency and/or life experiences. Please include specific approaches used and examples of how they are reflected in your work. (5 points)

Click here to enter text.

***Staffing (15 points)***

1. Describe your organization’s plan to recruit and/or retain qualified individuals, including obtaining the required licensures. (10 points)

Click here to enter text.

1. Describe your organization’s plan for onboarding and providing continuous staff training regarding your organization’s service implementation, culture and policies. (5 points)

Click here to enter text.

***Occupational Therapy (OT) Assessments (35 points)***

*Complete this section only if you are proposing to provide this service. If you are not proposing to provide this service, please leave this section blank. Your response to this section must not exceed 4 pages.*

1. Describe your organization’s approach to successfully completing up to 5 assessments, including visits, per month. (10 points)

Click here to enter text.

1. Describe your organization's plan for integrating the HFLD assessment tool into your assessment while ensuring the quality and consistency of services provided. (10 points)

Click here to enter text.

1. Describe your plan for successfully incorporating and managing Occupational Therapy Assistant(s). (10 points)

Click here to enter text.

1. Describe your approach to addressing additional and unaddressed/incomplete home modifications. (5 points)

Click here to enter text.

***Home Modifications (35 points)***

*Complete this section only if you are proposing to provide this service. If you are not proposing to provide this service, please leave this section blank. Your response to this section must not exceed 4 pages.*

1. Describe your organizational experience completing home modifications in a timely manner. (5 points)

Click here to enter text.

1. Describe your organization’s approach to providing quality and consistent home modification services. (10 points)

Click here to enter text.

1. Describe your organization's approach to successfully and consistently completing up to 5 projects per month. (10 points)

Click here to enter text.

1. Describe your organization's plan for resolving additional and unaddressed/incomplete home modifications identified by the Occupational Therapy professional(s). (10 points)

Click here to enter text.

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

1. Attach detailed start-up and annualized budgets that clearly support the Program and the implementation plan. (5 points)
2. Provide a budget narrative that reflects a realistic estimate of the costs associated with implementing the Program. (5 points)