**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 number of bed(s) you are proposing to provide for each service and which type(s)? *(please enter 0 for any bed types you are not proposing to provide):*

|  |  |  |
| --- | --- | --- |
| **Service / Bed Type** | **# Boy Beds Proposed** | **# Girl Beds Proposed** |
| Shelter | Click here to enter text. | Click here to enter text. |
| Residential Diagnostic Program | Click here to enter text. | Click here to enter text. |
| Intensive Residential Program | Click here to enter text. | Click here to enter text. |
| Transitional Living Residences | Click here to enter text. | Click here to enter text. |

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.

**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.

* + - * Copy of treatment license, 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. The maximum score a Proposal can receive is 105 points. Your response to this section should not exceed 12 pages. (Pages 1-3 are not included in the page count).

**Organizational Experience (25 points)**

1. Describe your organization’s experience providing the proposed service(s) for the target population or experience offering comparable services, including how that experience translates to the service(s) proposed. (10 points)

Click here to enter text.

1. Describe your organization’s philosophy and values as they apply to the proposed service(s). (5 points)

Click here to enter text.

1. Describe your organization’s commitment to providing high quality care and services that make all clients feel welcome, well-served and supported regardless of their race, ethnicity, sexual orientation, gender identity and expression (SOGIE), intellectual or physical ability, English language proficiency, life experiences or pregnancy status. (10 points)

Click here to enter text.

**Proposed Site (not scored)**

If applicable, describe the process your organization used to identify and acquire (if leased or rented) a location that meets all the standards and requirements for Shelter, including a description of the location and how it will comply with the regulations in PA Code Title 55, Chapter 3800.

Click here to enter text.

Describe your organization’s timeline for the implementation of the proposed service(s), including the completion of any necessary renovations and the relevant experience of project partners involved.

Click here to enter text.

**Facility Operation Plan (30 points)**

1. Describe your organization’s plan for facility operations and the tasks to be carried out for each service component, including the personnel responsible, frequency, and your plan for implementing and monitoring the completion of each of the following tasks: (20 points)
   1. Youth Supervision
   2. Vacancy Management
   3. Cleaning and Maintenance
   4. Meal Service, including three meals and snacks each day
   5. Establishing and Maintaining Safety Protocols

Click here to enter text.

1. Describe your organization’s plan for creating a safe and inclusive community for youth, specifically transgender, nonbinary and gender-expansive youth, including your strategies to ensure gender inclusivity in physical spaces, staff onboarding and supervision, documentation practices and client engagement. (10 points)

Click here to enter text.

**Supportive Services Plan (30 points)**

1. Describe your organization’s plan for providing mental health and substance use services to youth and/or your organization’s commitment to collaborating with community mental health and substance use providers to connect youth to the following levels of care, at minimum, where indicated in their treatment plan: (10 points)
   1. Outpatient Services
   2. Intensive Outpatient Program (IOP)
   3. Partial Hospitalization Program (PHP)

Click here to enter text.

1. Describe your organization’s plan for the provision of Supportive Services based on the components outlined in this RFP and the tasks to be carried out for each service component, including the personnel responsible, your plan for implementing and monitoring the completion of each task, and how input from older child-welfare-involved youth was built into the service(s), if applicable. (20 points) *(The point total is applicable to all Proposers regardless of the service(s) proposed).*
   1. Intake and Individual Service Plan
   2. Recreational and Enrichment Activities
   3. Education Support
   4. Family Involvement and Visitation
   5. Scheduling and Transportation
   6. Discharge Planning
   7. Diagnostic Services (only complete if you are proposing to provide the service)
      1. Coordination with the mental health and substance use provider(s) to facilitate access to evaluations
   8. Intensive Residential Services (only complete if you are proposing to provide this service)
      1. Non-Clinical Behavioral Intervention(s)
      2. Aftercare
   9. Transitional Living Residences (only complete if you are proposing to provide this service)
      1. Life Skill Development and Training

Click here to enter text.

**Program Staffing and Administration (10 points)**

1. Describe your organization’s staffing plan, including a list of all staff positions, number of staff and work hours for each position, qualifications, recruitment, training and performance management. (10 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 and cost-effective estimate of the start-up and operational costs associated with the first year of services, including language services (interpretation and translation) and disability accommodations. Identify first-year costs that will not recur. (5 points)
2. Provide a budget narrative that clearly explains and justifies all line items in the proposed budget. (5 points)