**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 race/ethnicity:

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

[ ]  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: [x]  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**

1. Total number of beds proposed: Click here to enter text.
2. Total dollar amount requested: Click here to enter text.
3. Total dollar amount per bed *(DHS expects to support Successful Proposers proposing a total Program budget that results in the cost per bed per year ranging from $21,000 to $31,000.)*
4. Complete the following chart to identify the scope of the housing you’re proposing and determine if a partial CRR license will be required:

|  |  |  |
| --- | --- | --- |
|  |  | **Impact on Licensing** |
| **Housing Arrangement** |  |  |
| Scattered Site | [ ]  | None |
| Facility Based | [ ]  | None |
| Lease to client (can be month-to-month) + program agreement | [ ]  | Does not trigger license |
| Program agreement only (no lease) | [ ]  | Partial license required |
| **Client Support** |  |  |
| Observation of client wellbeing | [ ]  | Does not trigger license |
| 24/7 on-site staff |  | Does not trigger license |
| Prompting about daily living activities such as cooking, cleaning, pro-social activities, treatment appointments, employment | [ ]  | Does not trigger license |
| Observation/reporting to treatment team about how Client is doing with managing symptoms and keeping up with daily living activities | [ ]  | Does not trigger license |
| Observing, inquiring, prompting Client about medication adherence | [ ]  | Does not trigger license |
| Managing crises | [ ]  | Does not trigger license |
| Teaching or hands-on assistance with daily living activities like cooking, grocery shopping, cleaning, etc | [ ]  | Partial license required |
| Dispensing medications or any hands-on assistance with medication | [ ]  | Partial license required |

**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 115 points. Your response to this section should not exceed 15 pages. (Pages 1-3 are not included in the page count).

**Organizational Experience (35 points)**

1. Describe your organization’s experience delivering behavioral health services, supported housing, housing navigation, and other supportive services to a population with acute behavioral health issues. Include how this Program would fit in with your organization’s mission. (10 points)

Click here to enter text.

1. Describe your organization’s experience delivering high quality, culturally compassionate, low-barrier services to vulnerable populations (10 points)

Click here to enter text.

1. Describe your organizational and management structure, including evidence of internal communication, external coordination, a strong financial accounting system, quality assurance and documentation practices, and absence of unresolved monitoring or audit findings. (10 points)

Click here to enter text.

1. Describe your organization’s experience leasing/owning and operating buildings for the purpose of providing supported housing (5 points)

Click here to enter text.

**Program Strategy (45 points)**

1. Describe the facility(s) your organization has identified (owned, leased or rented) and the proposed scope, including the style of units to be offered, needed renovations, and a timeline for program start-up and implementation. (10 points)

Click here to enter text.

1. Describe your organization’s plan for delivering each of the components outlined in the Service Description. (15 points)
* Housing Operation
* Client Support/Intake
* Client Self Pay
* Documentation
* Service Partnerships and Collaboration

Click here to enter text.

1. Describe your organization’s approach to creating a safe and inclusive community and fostering positive relationships among Clients, staff and the local neighborhood. (10 points)

Click here to enter text.

1. Describe your organization’s approach to and success with coordinating with key partners, including DHS, client treatment teams, and partners you identify to support clients’ efforts to gain independence (10 points)

Click here to enter text.

**Program Staffing and Administration (20 points)**

1. Describe your organization’s staffing plan for this project, including a list of all staff positions, number of staff and the work hours and qualifications for each position. (10 points)

Click here to enter text.

1. Describe your organization’s plan for recruiting and retaining high-quality, diverse staff. (5 points)

Click here to enter text.

1. Describe your organization’s plan for onboarding, training and performance management. (5 points)

Click here to enter text.

**Budget and Budget Narrative (15 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 two years of the Program. (10 points)
2. Provide a budget narrative that clearly explains and justifies all line items in the proposed budget (5 points)