FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

REQUEST FOR PROPOSAL (RFP)
For
CREATIVE AND INNOVATIVE YOUTH PROGRAMS
JULY 2004

I. Purpose

The Franklin County Department of Job and Family Services (FCDJFS) is accepting proposals from organizations that will provide services that promote youth development. Program operators are required to develop strategies for comprehensive programs based on principles such as, but not limited to:

- Improving educational and academic achievement
- Promoting interpersonal development
- Developing the potential of youth as leaders
- Preparing for and succeeding in employment

The FCDJFS has approximately $3,000,000 for Temporary Assistance for Needy Families (TANF) Child Welfare activities for the time period of September 15, 2004 through June 30, 2005. Creative & Innovative Youth Programs target at-risk youth that are economically disadvantaged and still engaged with a school system, although the services do not have to be delivered directly by, through, or in conjunction with a school system. This funding has been made possible through the use of TANF incentive dollars awarded to Franklin County and will only be available through June 30, 2005. A limited number of youth programs will continue to be provided in the following fiscal year. Only the programs addressing the highest need areas and having the highest performance may be extended since sufficient funding to contract all programs is not anticipated.

II. Specifications

Schedule

RFP Issued	July 2, 2004
Bidders' Conference	**July 12 – 2:00 PM – 4:00 PM (approx.)** **West Community Opportunity Center** **314 North Wilson Road**
Letter of Intent	4:00 PM day of the Bidders' Conference
Proposals Due	July 30, 2004 by 12:00 Noon
Intent to Award	August 20, 2004 (estimated)
Work Begins	September 15, 2004 (estimated)

Letter of Intent

Providers that wish to be updated on addenda or clarifications of response to this RFP are encouraged to submit a Letter of Intent by **4:00 PM the day of the Bidders' Conference**. All questions submitted before the Bidders' Conference will be answered at the Conference. After the Bidders' Conference, all questions and answers will be forwarded

upon receipt of the Letter of Intent. The Letter of Intent **DOES NOT** commit the bidder to submit a proposal.

Fax, email, or hand-deliver (do not mail) a Letter of Intent addressed to:

Jane Whyde, Deputy Director of Development Support Services
Franklin County Department of Job and Family Services
80 East Fulton Street, 4th Floor
Columbus, OH 43215
RE: Letter of Intent for Creative & Innovative Youth Programs

Email: **dssrfp@fcdhs.co.franklin.oh.us**
Fax: **614-462-6451**

The Letter of Intent must state that the provider intends to submit a proposal in response to this RFP and the name, title, address, telephone number, email, and fax number of its contact person. A form has been provided (See Attachment G). The FCDJFS will acknowledge receipt of the Letter of Intent by return fax or email and will direct all correspondence regarding addenda to or clarification of this RFP to the contact person. The FCDJFS is NOT responsible for a malfunctioning fax machine and/or email account.

The FCDJFS is not responsible for a bidder's failure to receive information before the Letter of Intent is received. A bidder may submit a proposal without a Letter of Intent. However, failure to submit a Letter of Intent will exclude the provider from the notice list, which may result in missing notification of significant information regarding this RFP.

Bidders' Conference

The FCDJFS will hold a Bidders' Conference on July 12, 2004, 2004 from 2:00 PM until approximately 4:00 PM at the **West** Community Opportunity Center. The purpose of the Bidders' Conference is to review the requirements of this RFP, to respond to participants' questions on any aspects of the RFP, and to answer any questions posed prior to the conference. Although attendance at the Bidders' Conference is not required, **potential bidders are highly encouraged to attend**. Questions may be posed and answered in this forum that will significantly increase the ability of the bidder to submit a competitive proposal. Following the close of the bidders conference, all questions from prospective bidders **must be submitted in writing via email or fax** and will be answered, via email or fax, by the FCDJFS with both the question and the answer disseminated to all bidders who have submitted a Letter of Intent. The Franklin County procurement policy stipulates that the FCDJFS staff is prohibited from conducting conversation with individual bidders regarding the RFP from the release date of the RFP until the proposal submission deadline has passed. The Bidders' Conference is the most effective opportunity for the bidder to gain understanding of the focus and priorities of the RFP and to assure that the bidder completely understands the submission requirements and processes.

Proposal Submission

For your proposal to be considered, the following must be received no later than 12:00 noon, July 30, 2004 (See Proposal Checklist – Attachment I):

- The COLLATED original and NINE (9) copies of the proposal including (See Attachment B) **(total of 10)**:
  - Transmittal Form
  - Partnership Statement (If applicable)

- Subcontractor Statement (If applicable)
- Project Summary
- Project Narrative
- Resumes/Job Descriptions
- Table of Organization
- Budget Documentation (Attachment D)

- The COLLATED original and ONE (1) copy of the Required Documentation (See Attachment F) **(total of 2)**

Hand-deliver/currier or mail to:

Franklin County Department of Job and Family Services
80 East Fulton Street, 4th Floor
Columbus, OH 43215
Attn: Jane Whyde, Deputy Director/DSS

No extensions of time will be given; late proposals will not be accepted and will be returned unopened. Proposals will be reviewed as received and **must be complete** at the time of submission to the FCDJFS. Proof of delivery includes either of the following: dated receipt from the FCDJFS or an invoice/receipt from a commercial carrier. The FCDJFS is not responsible for proposals not received by the stated deadline due to U.S. Postal Service delay.

III. Considerations

This RFP does not constitute an offer. Acceptance of proposals for review does not commit the FCDJFS to award a contract, nor is the FCDJFS liable for any costs incurred in the preparation of proposals. The FCDJFS reserves the right to award contracts to a single or multiple bidders or to reject any and all proposals or parts of proposals. The FCDJFS reserves the right to negotiate services and costs on any and all proposals or to cancel this RFP in part or in its entirety. Final contracts will be subject to applicable rules and regulations under the TANF and Refugee Resettlement funding requirements.

Proposals submitted in response to this RFP must comply with the specifications stated herein. Failure to do so may result in the elimination of the proposal from consideration. At the option of the FCDJFS any or all aspects of the successful proposal(s) will become contractual obligations if acquisition action ensues. Failure of the successful bidder to accept these obligations in the contract may result in cancellation of the award.

IV. Scope of Services to be Provided (Program Model)

Background Information

The TANF Child Welfare Creative & Innovative Youth Program is intended to provide services to economically disadvantaged, at-risk youth that are enrolled in school. Services within this program will be designed to offer activities that enhance youth developmental growth in various areas that will empower them to make good choices for their future, and that will prepare them for a successful transition to adulthood. Through the acquisition of skills gained, youth will lay the groundwork to become economically self-sufficient adults and will increase their ability to be functional, contributing family and community members. Such growth will not only contribute to family stability within the youth's family of origin or current family home but will also

increase the individual's ability to responsibly assume the role of a stable, dependable spouse, partner and/or parent in a potential future family setting.

The targeted youth population, faces many challenges that may be impacted by youth programming. Because of their existing living conditions, both economic and environmental, they may be easily sidetracked on their way to having a productive future. Youth need the benefit of opportunities to develop skills that will assist them in coping with the everyday life challenges in an often over-whelming environment. They need experiences that will affirm their value and abilities. And they need encouragement to embrace the concept that they can choose a productive life path now and in adulthood. A successful program must include skill acquisition that promotes understanding of the importance of completing secondary education and that will support success in post-secondary education/training or in the workforce.

The FCDJFS is looking for vendors to provide youth programs with creative and innovative designs that include programmatic elements preparing youth to learn from, and respond positively to, issues and situations they face, either from contemporaries or society at large. These programs must promote the acquisition of personal, social and academic skills that strengthen their potential to succeed in youth and in adulthood.

The following are program elements that are important to the accomplishment of the objectives outlined above. This is not a comprehensive list nor must every program considered include all areas listed below. While all of these elements are important in a young person's life, a vendor may propose to focus on one or more of these areas **and** they may propose to include other focuses that are not outlined below. The proposal will be judged on the degree to which the vendor can substantiate that the proposed activities will lead to the youth participants' development and success in his or her life now and as an adult.

Improving educational and academic achievement. Providing youth with additional support to help them to improve and/or maintain successful levels of academic achievement. This may also include activities aimed at helping youth make positive, informed choices for their future such as exposure to post-secondary educational opportunities and/or the career opportunities further education could open up to them.

Promoting interpersonal development. This area focuses on the development of skills that enhance the youth's ability to understand their own personality traits and to interact with others in a positive manner. This may include, but is not limited to, work on social and behavioral skills, activities to enhance cognitive and affective development, activities geared toward promoting positive attitudinal development, self esteem building, cultural diversity training, promoting self expression and increasing self esteem.

***Developing the potential of youth as leaders*.** Having youth participate in leadership development activities designed to increase skills and expose youth to situations where leadership skills can be utilized. This may include things such as organizational structure and teamwork training, decision-making skills, determining priorities, goal setting, gaining experience in a leadership position, and development and implementation of service learning experiences..

Preparing for and succeeding in employment. Teaching youth appropriate work behaviors and skills to assist them as they transition out of the school environment. Career exploration activities that would assist the youth in making future plans and setting goals as they pertain to occupational and career choices and activities that link academic goals with career plans, and work experience programs*.

*Work Experience Programs must include a training component that prepares the youth for expectations in the workplace and provides periodic feedback on performance. Youth may not be employed and receive benefits utilizing TANF funding but may be paid by stipends for the work experience placement.

Participant Eligibility

The youth served through the Creative & Innovative Youth program will be youth ages 5-18 that are eligible for TANF/PRC services as defined in the county PRC Plan. Vendors may narrow the ages of participants to be served to be consistent with the design of the activities provided. Eligible youth must be residing in a home whose household earns up to 200% of the Federal Poverty Guideline. If a youth is not currently residing in their own home and is in the custody of Children Services or in a residential treatment facility, foster home, or juvenile detention facility, there must be a reunification plan in place to return the youth to their family within six months (see prohibited services below).

Prohibited Services

- Foster care and out of home maintenance payments
- Juvenile justice services
- Any costs associated with children who do not live with a custodial parent or other adult caretaker relative, legal guardian, or legal custodian (Except for the 180 day provision or federal goals #3 and #4)
- Services available through other federal funding sources
- Medical services with the exception of those services allowable under Ohio's 1996 IV-A state plan (see OWF/PRC Guidance Letter #12)

V. Responsibilities

Provider

- Provide all services within the contract terms
- Follow all rules and regulations governing the implementation and provision of TANF and Refugee Resettlement services
- Provide invoices and reports according to the guidelines established by the FCDJFS
- Permit site visits from the FCDJFS staff in order to monitor files, financial records, and program implementation

Franklin County Department of Job and Family Services

- Provide on-going technical assistance regarding eligibility and allowable activities
- Monitor and review program performance in relationship to stated program goals
- Be the final authority on eligibility questions and grievance handling

VI. Payment Process

Payment will be made for the contracted units of service provided, not by cost reimbursement or line item reimbursement.

The provider must certify that claims made to the FCDJFS for payment for purchased services are for actual services rendered to eligible individuals and are for the completion of contracted performance standards/measures.

Payment for services provided will be made upon submission of an invoice and required monthly reports to the FCDJFS by the 15th day following the month of service with the final invoice due within 30 days of the end of contract period. Invoices received after the 15th day following the month of service will reflect negatively on vendor's contract performance. Invoices may be submitted only for services provided during the effective dates of the contract. Any services provided after the termination date of the contract will not be paid.

All claims for payment must be made in a timely manner. Any invoice received by the FCDJFS more than 30 calendar days after the last day of the contract period is subject to nonpayment.

VII. Proposal Evaluation Criteria

Proposals will be evaluated by a review team comprised of members of the community and the FCDJFS staff. The proposals will be scored by reviewing the following elements (See Proposal Review Sheets – Attachment H):

- Was the proposal submitted as directed? Did it contain all required components? Is the cost reasonable?
- How creative and innovative is the proposal? Does the proposal include sufficient data indicating a high probability of success?
- Does the applicant organization have experience and success in providing services to the target population?
- Are the goals and objectives clear, measurable, achievable, and results focused?
- Will barriers to program and participant success be identified and resolved in a timely manner?
- Does the proposal show evidence that the program will be managed efficiently?

VIII. Contract Award

The FCDJFS will issue a letter of intent to award to the selected provider(s) and will notify unsuccessful providers as soon as they have been eliminated from consideration.

All contracts are subject to approval and funding by the Franklin County Board of Commissioners. If the Board of Commissioners does not approve the contract and funding, the contract shall not be awarded. Should federal or state funds not be available, the contract shall be canceled in accordance with the RFP and standard contract provisions.

IX. Protest

A provider may protest the decision resulting from the review of this RFP by following the guidelines listed.

A. The FCDJFS shall consider a **written** protest that is received by the FCDJFS within five (5) business days of the date of the letter notifying the vendor that the proposal submitted was not accepted. The following should be included in the Notification of Protest:
   - Name, address, telephone number, and fax number of protester, AND
   - RFP name

B. The provider must then submit, within five (5) business days of the Notification of Protest, a formal protest in writing that must include a detailed statement of the grounds for the protest including copies of relevant documents.

C. The written protest must be mailed to:

   FCDJFS
   Deputy Director, Quality Support Services
   80 East Fulton Street, 4th Floor
   Columbus, Ohio 43215

RFP Attachments

A. Definitions: Standards of Performance

B. Program Requirements

C. Proposal Format

D. Budget Documents

E. Transmittal Form

F. Required Documentation

G. Letter of Intent

H. Proposal Review Sheets

I. Proposal Checklist

Attachment A

Definitions: Standards of Performance

Programs must be structured to achieve the following minimum outcome measures:

- 85% of enrolled youth will complete the program (or program components). Completion will need to be individually defined based on the program/curriculum being proposed.
- Completion is defined by a minimum of 80% attendance at scheduled activities and measurable improvement and/or acquisition of new skills. The types of improvements/skills should be defined by and directly related to the proposed program.

The Standards of Performance listed above are required, however additional outcome measures may be included based on the program that has been developed.

Attachment B

Program Requirements

A. The provider is solely responsible for:
   1. Outreach
   2. Recruitment
   3. Eligibility documentation
   4. Enrollment of youth

B. The provider must:

   1. Provide the following:
      - Objective assessment of skills at enrollment and completion to determine measurable improvement/skill acquisition for each youth enrolled

   2. Provide program elements to accomplish the following goals:
      - Quality programming that is creative and encourages and inspires youth
      - Equip youth with skills that can be transferable to other situations and opportunities
      - Encourage youth to stay in school

   3. Keep the following records:
      - Documents required to determine program eligibility
      - Documentation of the delivery of services contracted
      - Hours activities are offered
      - Participant attendance
      - Data on youth progress

   4. Comply with all rules governing TANF/PRC programs and procedures

Attachment C

Proposal Format

The FCDJFS reserves the right to disqualify all proposals that do not comply with the following instructions:

- ***Exactly*** **follow the format outlined in this RFP**
- **All components of the Proposal should be held together by *staples or binder clips* at the upper left corner**
- ***Do not*** **submit the Proposal or Required Documentation with paper clips or in binders, folders, or any format that will make photocopying difficult**
- ***Include PAGE NUMBERS to your proposal***

Transmittal Form

The proposal must include the Transmittal Form (Attachment D), signed by the individual authorized to bind the provider legally to fulfill the program requirements.

Statements of Cooperation

If, in the design of the proposal, more than one agency/business will be providing services, the vendor must identify if the other party(ies) will be a partner or a subcontractor and submit a Partnership or Subcontractor Statement. These are **NOT** letters of support.

A. Partnership Statement – If Applicable

If it is a partnership, the proposal will not be reviewed or considered for funding unless it is accompanied by a Partnership Statement signed by an authorized representative of the partner organization that verifies the partnership and includes the following:

- Outline of the relationship between the partners
- Clear definition of the role that each partner will assume in the implementation of the project
- Name and contact number for the authorized representative that may be contacted to confirm the details of the relationship

B. Subcontractor Statement – If Applicable

If the vendor will have a subcontractor, the proposal will not be reviewed or considered for funding unless it is accompanied by a Subcontractor Statement signed by an authorized representative of the subcontractor that verifies the relationship. The statement should include the following:

- Outline of the relationship between the vendors
- Clear definition of the role that each vendor will assume in the implementation of the project
- Name and contact number for the authorized representative that may be contacted to confirm the details of the relationship

Project Summary –a one (1) page summary of:

1. Description of program activities to be provided;
2. The targeted population to be served, the number to be served, and the facility(ies) in which services will be provided;
3. The approach that will be taken to accomplish the work necessary for implementation of the

program; AND

4. The planned method of evaluating the project's effectiveness and collecting required performance information.

Project Narrative—10 page maximum

Please refer to the Scope of Services and the Program Requirements as a guide in preparing the proposal narrative.

1. **Program Design** – Address the following in this section of the narrative:
   a. Describe the system that will be used for recruitment and eligibility determination; include the target area to be served and how the program will be accessible for the participants
   b. Describe the specific target population to be served, the number of participants to be served, the facility(ies) in which services will be provided and the hours of program operation
   c. Describe the program and services that will be provided, the strategies to be used and the resources that will be developed to assist participants in achieving goals
   d. Describe any curriculum that will be used in the provision of services and include the curriculum or curriculum outline in the attachment portion of the proposal
   e. Describe why the program is creative and why this approach will work
2. **Goals and Objectives**
   a. Provide measurable goals and objectives for the program that include and are consistent with the requirements of this RFP
   b. Describe what each participant will achieve in the program and the tools and strategies that will be utilized to measure improvement/skill acquisition for each youth
3. **Time Line**
   a. Include a time line of major program activities and the staff responsible for insuring the completion of the activity
4. **System for Overall Program Evaluation**
   a. Provide a description of how the program will track and monitor performance
   b. Discuss how periodic program evaluations will be completed, who will be responsible for evaluations, and how needed changes will be addressed
5. **History and Experience of Provider**
   a. Describe agency and staff expertise in providing services to the target population and in providing services similar to those proposed
   b. Attach the resumes of existing staff and job descriptions of program positions that are not currently filled to the project narrative
   c. Describe how this program fits into the agency's mission and vision and, after the resumes/job descriptions, provide a Table of Organization for the agency that indicates where this program will be incorporated

Program Budget

The budget for the program must reflect efficient administration and good management practices. Anticipated expenditures shown on the budget must be reasonable and in line with those of similar vendors providing comparable services.

Budget forms are attached. These specific forms **must** be used to list all costs of the services proposed. No other budget format will be accepted. The budget must be completed including total costs of the program proposed, not solely those units that the vendor is proposing to be purchased by the FCDJFS.

Indirect costs are allowable if the provider also offers services other than those they are proposing be purchased or are responsible to a parent organization that operates other programs. The indirect cost sheet in the budget packet may be used to calculate indirect costs, or the vendor may substitute another method of calculation as long as a detailed explanation of the method is included. If the provider has an established indirect cost rate that is approved by a federal oversight agency such as the Department of Education or the Department of Health and Human Services, that rate may also be used alternatively in this budget.

The budget is to be completed for the period from September 15, 2004 to June 30, 2005. The purpose of the budget is to arrive at the total cost per participant for each component of the purchased program. **The contract will be based on purchasing units of services provided rather than on a cost reimbursement basis.** The budget is to be completed by first listing projected expenses under each category, then defining the units of service to be provided, and finally completing the face sheet to calculate the cost for each unit to be purchased.

A detailed training on completion of these budget forms will be offered during the Bidders' Conference.

Attachment C

BUDGET DOCUMENTS

PROVIDER: _____

ADDRESS: _____

_____

DIRECTOR/PRESIDENT: _____ PHONE #: _____

CONTACT PERSON: _____ PHONE #: _____

SERVICE TO BE PROVIDED: _____

_____

CONTRACT/BUDGET PERIOD: _____ to _____

AMOUNT REQUESTED: $_____

TOTAL NUMBER TO BE SERVED (Non-duplicated): _____

TOTAL COST PER INDIVIDUAL SERVED: $_____

TOTAL HOURS FOR EACH PARTICIPANT: _____

TARGET POPULATION: _____

LOCATION(S) OF SERVICES: _____

_____

_____

_____

SCHEDULE (hours/days/duration): _____

_____

_____

_____

RECAP OF COST SUMMARY

I.	STAFF COSTS	Estimated Costs	
	A. Salaries	$	
	B. Payroll Related Expenses	$	
	C. Consultation Fees	$	
	TOTAL STAFF COSTS		$
II.	OPERATIONAL COSTS		
	A. Travel	$	
	B. Consumable Supplies	$	
	C. Occupancy	$	
	D. Insurance	$	
	E. Indirect Costs	$	
	F. Other – Miscellaneous	$	
	G. Stipends	$	
	TOTAL OPERATIONAL COSTS		$
III.	EQUIPMENT COSTS		
	A. Small Equipment Purchases	$	
	B. Leased and Rented Equipment	$	
	C. Equipment Subject to Depreciation	$	
	TOTAL EQUIPMENT COSTS		$
	TOTAL PROGRAM		**$**

I. A. SALARIES

A	B	C	D
Position Title	# of Positions	Total Salary for Budget Period	Cost
TOTAL SALARY COST			**$**

- DIRECT STAFF: ALL STAFF WHOSE TIME IS SPENT WORKING DIRECTLY WITH THE PROGRAM SHOULD BE LISTED HERE – INCLUDE FULL TIME AND PART TIME STAFF
- INDIRECT STAFF: ONLY LIST INDIRECT STAFF IF YOU ARE NOT CLAIMING INDIRECT COSTS ON THIS BUDGET DOCUMENT ***DO NOT LIST IN BOTH***
- FULL TIME EQUIVALENCY MAY BE DEFINED ACCORDING TO AGENCY'S POLICY (E.G. 37 – 40 HOURS)

EXAMPLE OF COMPLETED FORM:

A	B	C	F
Position Title	# of Positions	Total Salary for Budget Period	Cost
Child care specialist	3	$20,000	$60,000
Youth Leader	2	$15,000	$30,000
Social Worker	1	$18,500	$18,500
TOTAL SALARY COST			**$108,500**

**If you include Agency Director (or others) here you cannot include their salary in the indirect costs.

Explanation: _____

_____

_____

_____

I.B. PAYROLL RELATED EXPENSES

(Indicate Formula)		Payroll Related Expenses
Social Security	$	
Workman's Compensation	$	
Unemployment Insurance	$	
Retirement Expense	$	
Hospitalization Insurance Premium	$	
Other (Identify)_____	$	
_____	$	
_____	$	
TOTAL PAYROLL RELATED EXPENSES		$

- INDICATE THE FORMULA USED TO DETERMINE THE PAYROLL RELATED EXPENSES
  E.G. $5O,OOO X .0765, (USE PERCENTAGES AS CURRENTLY USED BY AGENCY)

- HOSPITALIZATION INSURANCE: IF COST DIFFERS PER INDIVIDUAL, USE ACTUAL COSTS, IF KNOWN, OR USE AN AVERAGE PREMIUM COST FOR THE STAFF INVOLVED IN THE SERVICE.

- IF USING AN AVERAGE COST PER STAFF MEMBER, CALCULATE THE NUMBER OF STAFF LISTED FOR HOSPITALIZATION COSTS BY DETERMINING HOW MANY FTE'S RECEIVE INSURANCE AS FOLLOWS:

Position	Time spent with program	Equivalent FTE	
Intake Worker	100%	1.00	
Intake Worker	75%	0.75	
Secretary	50%	0.00	(part time not eligible for benefits)
Supervisor	25%	0.25	
		Total FTE's = 2.00	

- ANY COSTS LISTED IN "OTHER" SHOULD BE IDENTIFIED ON THIS FORM OR IN AN ATTACHMENT

Explanation: _____

_____

_____

_____

_____

I. C. CONSULTATION FEES

Type	Function Performed Consultation Fees	Fees	Estimate of Use	Total
TOTAL CONSULTATION FEES				$

- EMPLOYEES OF THE AGENCY ARE NOT ELIGIBLE TO BE PAID CONSULTATION FEES.
- IF CONSULTANTS ARE USED ON A REGULAR BASIS, SUCH AS AN ACCOUNTING SERVICE, THIS COST MAY BE INCLUDED IN THE INDIRECT COST SECTION **OR** A PERCENTAGE MAY BE INCLUDED HERE IF THE PROPOSAL CLAIMS NO INDIRECT COSTS.
- BE SPECIFIC ABOUT THE KIND OF CONSULTATION OR CONTENT THAT WILL BE PURCHASED AND THE BASIS FOR FEES TO BE PAID ($50.00 per hour, $200.00 per day, etc.).

Explanation: _____

_____

_____

_____

_____

II. A TRAVEL

		Travel
AGENCY VEHICLE EXPENSES		
a. Gasoline & Oil	$	
b. Vehicle Repair	$	
c. Vehicle License	$	
d. Vehicle Insurance	$	
e. Other _____	$	
Mileage Reimbursement @ _____ mile	$	
Conference, Meetings, Etc.	$	
Purchased Transportation	$	
TOTAL TRAVEL		$

- MILEAGE RATE FOR THE PROPOSAL MUST BE THE SAME RATE THAT IS STANDARD FOR THE PROPOSING AGENCY BUT **CANNOT EXCEED 36 CENTS PER MILE.**
- CONFERENCE AND MEETING RELATED COSTS MUST BE RELEVANT TO THE SERVICE TO BE PROVIDED IN THIS PROPOSAL.
- TYPICALLY BOTH VEHICLE EXPENSES AND MILEAGE REIMBURSEMENT ARE NOT INCLUDED. HOWEVER, IF BOTH ARE APPROPRIATE, IDENTIFY WHICH PART OF THE SERVICE WILL INCLUDE WHICH KIND OF TRAVEL EXPENSE.

Explanation: _____

_____

_____

_____

_____

II. B. CONSUMABLE SUPPLIES

				Consumable Supplies
Office Supplies			$	
Program Supplies			$	
Other (**Specify**)	_____	$		
	_____	$		
	_____	$	$	
TOTAL CONSUMABLE SUPPLIES				$

- IF COSTS FOR PROGRAM SUPPLIES ARE PARTICULARLY HIGH, SPECIFY DETAILS ON THIS FORM OR ON AN ATTACHMENT.
- OTHER CONSUMABLE SUPPLIES SHOULD BE DESCRIBED AND COSTS SHOULD BE REASONABLE.

Explanation: _____

_____

_____

_____

_____

II.C. OCCUPANCY COSTS

A. Rental @ $ per square foot

Or

B. Usage allowance/depreciation @ % rate of
Original acquisition cost of $
By Program Square Footage Percentage (Program
Square Footage) divided by Provider Square $
Footage = %)

Maintenance and Repairs: $

Utilities (If not included in rent):

Heat & Light $_____
Telephone $_____
Water $_____ $

TOTAL OCCUPANCY COSTS $

- IF OCCUPANCY COSTS ARE INCLUDED IN THIS SECTION, THEY **WILL NOT BE** INCLUDED IN THE INDIRECT COSTS PORTION OF THE BUDGET EXCEPT, FOR EXAMPLE, ADDITIONAL SPACE THAT WILL BE RENTED FOR THIS SERVICE AND THERE IS OTHER SHARED SPACE TO BE INCLUDED IN INDIRECT COSTS.

- EITHER THE RENTAL LINE (ITEM A) **OR** THE FORMULA FOR USAGE ALLOWANCE/DEPRECIATION (ITEM B) SHOULD BE FILLED OUT, NOT BOTH.

- MAINTENANCE AND REPAIRS COSTS CAN BE INCLUDED ONLY IF THE BUILDING IS OWNED BY THE AGENCY OR IF THESE COSTS ARE SPECIFIED IN A LEASE AS THE RESPONSIBILITY OF THE LESSEE.

- HEAT, LIGHT, AND WATER MAY BE INCLUDED IF SPECIFIC TO SPACE OCCUPIED BY THIS PROGRAM AND NOT INCLUDED IN THE RENT.

- DEPRECIATION RATE MUST BE SUBSTANTIATED IN AN AUDIT.

Explanation: _____

_____

_____

_____

_____

II. D. INSURANCE COSTS
(Excluding Vehicle Insurance)

Liability …….	$	
Property ……	$	
Accident ……..	$	
Other (specify):		
_____……	$	
_____……	$	
_____……	$	
_____……	$	
TOTAL INSURANCE COSTS		$

- INCLUDE INSURANCE COSTS HERE IF ADDITIONAL OR SPECIFIC COVERAGE MUST BE OBTAINED FOR THIS SERVICE.
- A PERCENTAGE OF THE TOTAL AGENCY COST FOR INSURANCE MAY BE LISTED HERE ONLY IF NOT INCLUDED IN INDIRECT COSTS.

Explanation: _____

_____

_____

_____

_____

II. E. INDIRECT COSTS/ADMINISTRATIVE OVERHEAD

Administrative Cost Breakdown:
In the box below, show each expense that you consider an Administrative Cost.

Administrative Cost Item	Amount

ADMINISTRATIVE COST TOTAL	$

PERCENT OF TOTAL BUDGET REQUEST	%

Please note: The Administrative Cost cannot exceed 15% of the total budget request. Please describe below the justification of the above requested Administrative Costs.

Narrative of Administrative Cost:

_____

_____

_____

_____

_____

II. F. OTHER – MISCELLANEOUS

(INCLUDING MEDIA COSTS)

Memberships/Subscriptions ……..	$
Printing ……..	$
Mailing/Postage ……	$
Other (Identify):	
_____……	$
_____ ……	$
_____ ……	$
_____ ……	$
_____ ……	$
_____ ……	$
F. TOTAL MISCELLANEOUS COSTS (total from above)	**$**

- MEMBERSHIPS AND SUBSCRIPTIONS MUST BE RELEVANT OR NECESSARY FOR SERVICE TO BE PROVIDED.
- ADVERTISING FOR UNFILLED POSITIONS IS ALLOWABLE IF POSITION IS NEEDED FOR THIS SERVICE.
- IF COSTS ARE LISTED AS "OTHER", THEY MUST BE SPECIFIED ON THIS FORM OR IN AN ATTACHMENT.

Explanation: _____

_____

_____

II. G. STIPENDS PAID TO TRAINING PARTICIPANTS (if applicable)

G. TOTAL STIPENDS * **$**
(Provide the formula used to calculate the total)

_____

_____

_____

* These are NOT wages

III. A. SMALL EQUIPMENT PURCHASES

UNDER $500

A	B	C	D	E	F
Item of Equipment	Quantity Charge to Program	Cost of Item	Total Cost (B x C)	% of use for Program	Charge to Program (D x E)
TOTAL SMALL EQUIPMENT PURCHASES					**$**

Explanation: _____

_____

_____

III. B. LEASED AND RENTED EQUIPMENT

A	B	C	D	E	F	G
Item of Equipment	Model & Year of Equipment	Quantity	Cost per Item	Annual Usage/ Rental Charge (C x D)	% use for Program	Charge to Program (E x F)
TOTAL LEASED & RENTED EQUIPMENT						**$**

- LEASED AND RENTED EQUIPMENT SHOULD BE INCLUDED IN INDIRECT COSTS UNLESS ACQUIRED SPECIFICALLY FOR THIS PROGRAM. A PERCENTAGE OF THE COST MAY BE INCLUDED HERE IF NO INDIRECT COSTS ARE INCLUDED IN THIS BUDGET.

Explanation: _____

_____

_____

TOTAL INCOME FOR BUDGET PERIOD

A. INCOME FOR SERVICES UNDER CONTRACT:

1. Total in Column F on 1st page of Budget $
2. Other funding that will support contracted services

Federal	$_____	
State	$_____	
County	$_____	
Municipal	$_____	$

3. Fees from private consumers $
4. Contributions _____ $
   _____ $
   _____ $
5. Miscellaneous _____ $
   _____ $
   _____ $

TOTAL INCOME FOR SERVICE UNDER CONTRACT* $
(* This is should match the Total Program Cost; Column B on 1st page of Budget)

B. INCOME FOR OTHER SERVICES PROVIDED BY AGENCY OR UNIT NOT UNDER CONTRACT: Total agency budget except for services listed above

1. From Private Consumers $
2. Federal Money (Grants or Contracts) $
3. State, Country, or Municipal Allocations $
4. Contributions $
5. Miscellaneous $

TOTAL OTHER SERVICES INCOME $

TOTAL AGENCY INCOME (A + B) $

Attachment E

TRANSMITTAL FORM

FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
80 EAST FULTON STREET
4TH FLOOR
COLUMBUS, OHIO 43215
614-462-3337
FAX – 614-462-6451

TO: JANE WHYDE, DEPUTY DIRECTOR OF DEVELOPMENT SUPPORT SERVICES

RE: CREATIVE & INNOVATIVE YOUTH PROGRAMS

The _____ does not discriminate in its employment practices
(Agency/Organization)

with regard to race, color, religion, sex, sexual orientation, age, disability, national origin, Vietnam-era veteran's status, ancestry, health status, or need for health services.

Our agency/organization is a legal entity registered with the State of Ohio. Our tax status is _____.

Our agency/organization is willing to accommodate on-site visits to our facilities and any facilities of our subcontractors and/or partners by the FCDJFS and/or its designees.

The following person/people prepared this proposal:
_____.

Our agency/organization will welcome announced and unannounced visits by the FCDJFS staff and/or their designees at all of our facilities.

This proposal does not deviate from the specifications and requirements of the RFP. Should any occur, a detailed explanation is attached.

By signing this form, I do hereby affirm that all of the information provided is accurate.

_____ _____
(Signature) **(Date)**

_____ _____
(Agency/Organization) **(Title)**

_____
(Address)

_____
(City, State, Zip)

Attachment F

Required Documentation

- **List of names and address of the provider's Board of Directors**
- **Letter of Authorization from provider's Board of Directors or other appropriate entity identifying the individual(s) and their title(s) who are empowered to sign a contract**
- **A copy of the last independent audit conducted for the agency or financial statement**
- **Certificate of Liability Insurance**
- **Articles of Incorporation**
- **Most recent certificate of continued existence**
- **EEO policy statement –** can be copied from handbook
- **Copy of Worker's Compensation Certificate showing risk number**
- **Proposed curriculum materials –** NO BOOKS – detailed outline
- **W-9** (**http://www.irs.gov/pub/irs-fill/fw9.pdf**) **-** THIS MUST BE SUBMITTED BY EVERYONE REGARDLESS OF STATUS

Attachment G

LETTER OF INTENT TO SUBMIT A RESPONSE TO A REQUEST FOR PROPOSAL (RFP)

FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
80 EAST FULTON STREET, 4TH FLOOR
COLUMBUS, OHIO 43215
FAX: 614-462-6451

***** PLEASE PRINT CLEARLY OR TYPE *****

TO: Jane Whyde, Deputy Director of Development Support Services

FROM: Director/President/CEO: _____ Phone: _____
(NAME)

Email: _____

RE: Letter of Intent for Creative & Innovative Youth Programs

_____ intends to submit a proposal in response to the Request for Proposal
(Agency/Business)
for service(s) indicated above. Please direct all correspondence to the contact person listed below.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Submission of this form by **4:00 PM on the day of the Bidders' Conference** will ensure your inclusion in the notice list for correspondence regarding addenda to or clarification of this RFP. After the Bidders' Conference, all subsequent questions and answers will be forwarded upon receipt of the Letter of Intent. Failure to submit a Letter of Intent will result in the provider's exclusion from this list, which will result in missing notification of significant information regarding this process.

_____ _____
(Signature) (Date)

_____ _____
(Agency) (Title)

Attachment H

PROPOSAL REVIEW SHEET – STAFF REVIEW

RFP: CREATIVE & INNOVATIVE YOUTH PROGRAMS Score: _____

Agency Name Reviewed: _____ Date: _____

Reviewer: _____ Agency of Reviewer: _____

Please circle the score that best indicates your assessment of the review category and total all scores at the end.

1. Received the correct number of packets from the proposing agency (the original proposal with budget + nine copies, the original required documentation + one copy).

0	1
Did not meet	Met

Notes:_____

_____

2. The proposal format was followed according to the guidelines/outline required in the RFP.

0	1	2
Did not follow format	Followed within reason	Followed format as requested

Notes:_____

_____

3. The budget was completed correctly on the forms provided and the figures were accurate.

0	1	2	3
Did not used required forms	Used forms but not completed correctly	Completed correctly within reason	Completed correctly with accurate figures

Notes:_____

_____

4. The line item costs in the budget are reasonable for the services being provided.

0	1	2
Several budget items were excessive	Most budget items were reasonable	All budget items were reasonable

Notes:_____

_____

5. Required Documentation submitted, including Partnership/Subcontractor Agreement (if applicable).

0	1	2
Not submitted	Most attachments included or a statement made about forwarding them	All attachments were submitted

Notes:_____

_____

Unduplicated # served: _____ Total Budget Request: _____ Cost per: _____

PROPOSAL REVIEW SHEET – EXTERNAL REVIEW TEAM

RFP: CREATIVE & INNOVATIVE YOUTH PROGRAMS

Agency Name Reviewed: _____ Date: _____

Reviewer: _____ Agency of Reviewer: _____

Assign the score that best indicates your assessment of each review category, total all scores, and sign at the end.

1. Proposal adequately described services that are based on proven theory, a history of success, or utilizes an innovative approach with a high probability of success with the targeted population.

1-4	5-10	11-15
No indication of proven theory or past success	Contained some data indicating success or high probability of success.	Contained substantial data indicating success or high probability of success.

Notes:_____

_____

Score:_____

2. Program design demonstrates ability to engage the targeted population.

1-2	3-4	5-6	7-8	9-10
Little indication of ability to engage the targeted population	Shows some insight into targeted population's risk factors	Identifies some methods to engage the targeted population	Addresses risk factors and builds upon the strengths of the targeted population	Addresses risk factors, builds upon the strengths, and minimizes the barriers of the targeted population

Notes:_____

_____

Score:_____

3. Program provides a creative and innovation program design for engaging and serving youth.

1-2	3-4	5-7	8-10
Did not provide a creative or innovative approach	Addresses some creative & innovative ideas in the program design	Includes several creative and innovative ideas I the program design	Very creative and innovative approaches to serving youth

Notes:_____

_____

Score:_____

4. Proposal has clear goals and objectives that are achievable.

1-2	3-4	5-7	8-10
No goals or objectives	Goals and objectives are clear and measurable	Goals and objectives are clear, measurable, and achievable	Goals and objectives are clear, measurable, achievable, and results focused

Notes:_____

_____

Score:_____

5. Agency has experience in providing services to targeted population.

1	2	3	4	5
Little indication of experience with targeted population	Shows some experience with targeted population	Shows some experience and success with targeted population	Shows clear experience and success with targeted population	Shows proven experience and success with targeted population.

Notes:_____

_____

Score:_____

6. Based on the timeline of program activities, program evaluation, staffing, and the table of organization, rate the management of the proposed program.

1-3	4-7	8-10
Poor— Does not show evidence that the program will be effectively managed	Average— Shows evidence that the program will be effectively managed	Superior— Show evidence that the program will be managed effectively and barriers to program and youth success will be identified and resolved in a timely manner.

Notes:_____

_____

Score:_____

7. The amount of funding per participant served is cost effective.

1-4	5-10	11-15
Program quality cannot be provided at the cost OR The cost of the program exceeds the types of services to be provided	Program quality is adequate and is provided at a reasonable cost	Program quality is high and is provided at a reasonable cost.

Notes:_____

_____

Score:_____

EXTERNAL REVIEW SHEET SCORE _____

Reviewer Signature _____ **Date** _____

Attachment I

Proposal/Required Documentation Check List

Agency: _____ Date: _____

RFP: CREATIVE & INNOVATIVE YOUTH PROGRAMS

PART ONE – PROPOSAL:

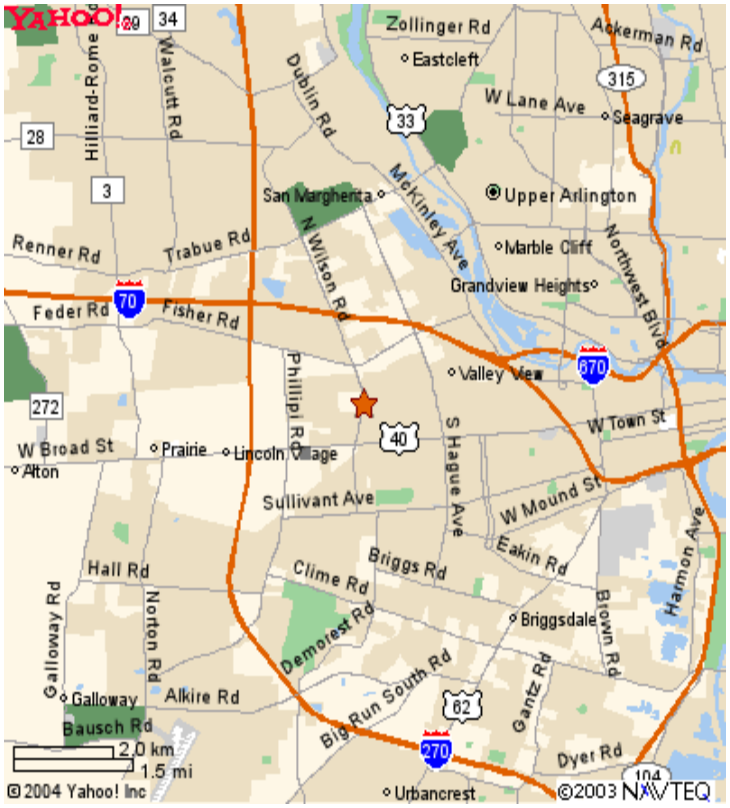
Submit the *COLLATED* original and NINE (9) copies of the following (total of 10):

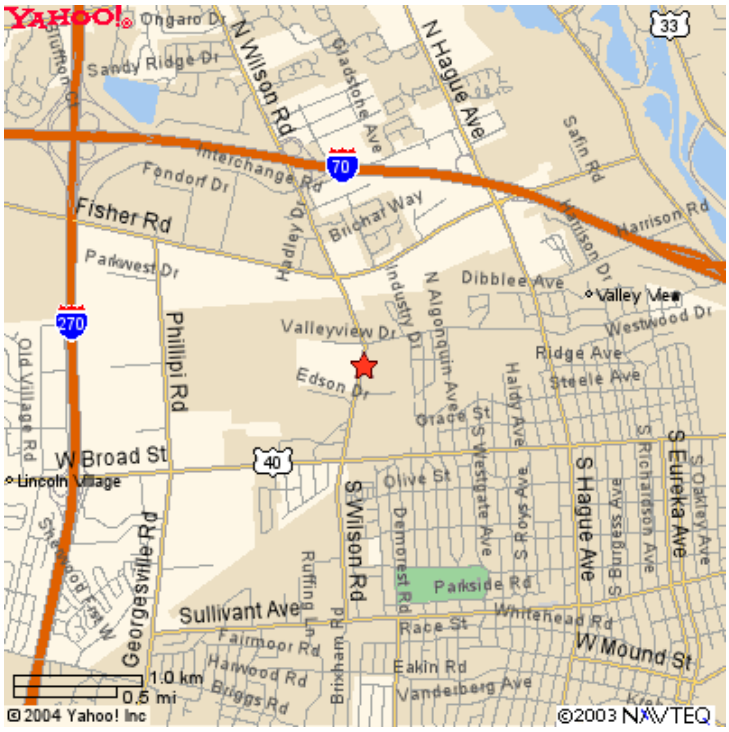
1. _____ **Transmittal Form (Attachment E)**
2. _____ **Partnership Statement (If Applicable)**
3. _____ **Subcontractor Statement (If Applicable)**
4. _____ **Project Summary: Limit one (1) page**
5. _____ **Project Narrative: Limit 10 pages**
   - **a.** ___Program Design
   - **b.** ___Goals and Objectives
   - **c.** ___Time Line
   - **d.** ___System for Overall Program Evaluation
   - **e.** ___History and Experience of Provider
6. _____ **Resumes/Job Descriptions** (for provider & all partners/subcontractors)
7. _____ **Table of Organization** (for provider & all partners/subcontractors)
8. _____ **Budget Documents (Attachment D)**

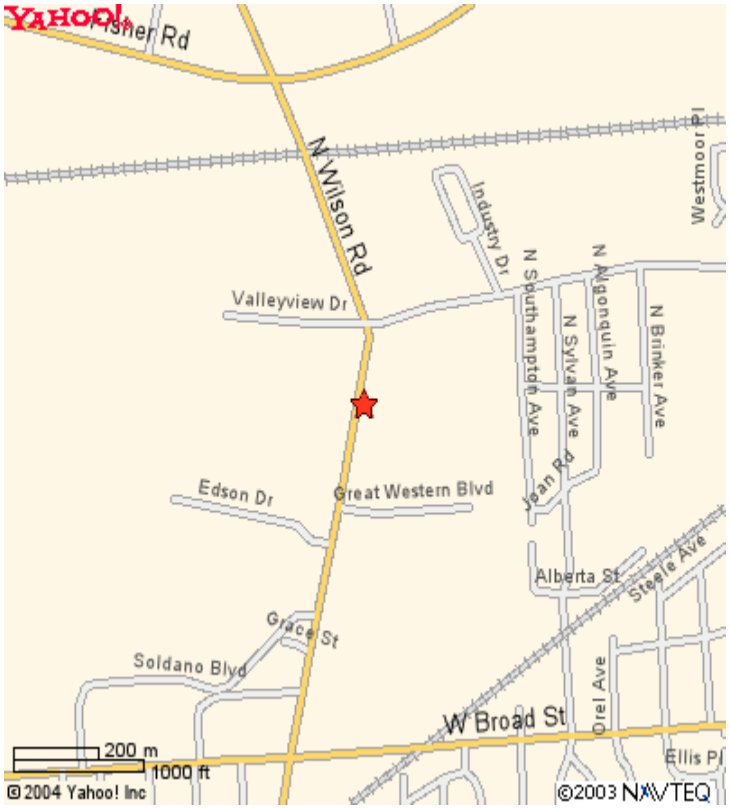
PART TWO – REQUIRED DOCUMENTATION:

Submit the *COLLATED* original and ONE (1) copy of the following (total of 2):

1. _____ **List of names and addresses of the provider's Board of Directors**
2. _____ **Letter of Authorization from provider's Board of Directors or other appropriate entity identifying the individual(s) and their title(s) whom are empowered to sign a contract**
3. _____ **A copy of the last independent audit conducted for the agency or financial statement**
4. _____ **Certificate of liability insurance**
5. _____ **Articles of Incorporation and most recent certificate of continued existence**
6. _____ **EEO policy**
7. _____ **COPY of Worker's Compensation Certificate showing risk number**
8. _____ **Proposed curriculum materials outlined in proposal**
9. _____ **W-9 – REQUIRED OF ALL PROPOSERS** (http://www.irs.gov/pub/irs-fill/fw9.pdf)







The West Community Opportunity Center is located at 314 North Wilson Road. The Center, though, actually faces Valleyview Drive. The building was formerly an HQ – there is a green HQ sign facing North Wilson Road.