

Request For Proposal
Domestic/Family Violence Supportive Services
and
Domestic/Family Violence Outreach Services
Prevention, Retention, & Contingency Services

Issue Date:	August 3, 2017
Deadline for Submission of Proposals: Services	August 25, 2017 at 4:30 P.M. Columbiana County Department of Job and Family 7989 Dickey Drive, Suite 2 Lisbon, Ohio 44432
Contact information for Technical assistance: Services	Susan Hawkins, Fiscal Specialist Business Office Columbiana County Department of Job and Family 7989 Dickey Dr. Suite 2 Lisbon, Ohio 44432 Susan.Hawkins@jfs.ohio.gov

Table of Contents

Section 1	Purpose
Section 2	Background
Section 3	Scope of Work
Section 4	Available Funds
Section 5	Submission Criteria
Section 6	Contact Information
Section 7	Anticipated Procurement Time Table
Section 8	Proposer Qualifications
Section 9	Selection Process
Section 10	Compliance With Various Codes and Regulations
Section 11	Public Information Disclaimer
Section 12	Contractual Requirements
Section 13	Invoicing
Section 14	Request for Tax Payer Identification (W-9) Requirements
Section 15	Reporting Requirements
Section 16	Other Requirements
Section 17	Attachments

Section 1 Purpose

The Columbiana County Department of Job and Family Services (CCDJFS) announces the release of a Request For Proposal (RFP) for the purpose of obtaining proposals from all government and educational entities; private non-profit, private for profit, faith based organizations; or individuals for the purpose of selecting vendors/sub-recipients to provide domestic/family violence supportive and outreach services under the Prevention, Retention, Contingency program.

Section 2 Background

Columbiana County Job and Family Services is a triple combined social service agency administering public assistance, child support, and children services programs.

CCDJFS does not discriminate on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief or citizenship in the awarding of contracts. The CCDJFS is an equal opportunity employer; auxiliary aids and services are available upon request to individuals with disabilities.

Section 3 Scope of Work

Each proposer must submit a summary of the domestic/family violence support & outreach services they wish to provide.

Services being sought meet the Family Goal of the **Community Plan and TANF Purpose # 1**.

Family Goal: To provide families of our community with supportive services to enhance quality of life and increase personal responsibility and community involvement.

TANF Purpose 1: To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

Services being sought are:

1. Helping victims of domestic/family violence identify, reduce and manage trauma distress symptoms.
2. Trauma-focused counseling with support, accountability and education.
3. Individual and group counseling to victims of domestic/family violence.
4. Provide information and resources on domestic/family violence
5. To educate citizens, businesses and agencies in the county on domestic/family violence and how it effects our county
6. The promotion of Domestic Violence Awareness Month (October)

Section 4 Available Funds

The amount of funds available under this RFP should be expended from Oct. 1, 2017-Sept. 30, 2018. The amount of any award is dependent upon the availability of funding through allocations received from the Ohio Department of Job and Family Services. Funds may not be used to supplant existing programs; they may be used to expand existing programs. One or more proposals may be selected to provide the describe services.

(Funding not to exceed \$35,000.00)

Section 5 Submission Criteria

Proposals must be submitted to the CCDJFS in strict accordance with proposal submission instructions provided in this section. Any proposal failing to follow the entire proposal acceptance criteria listed below shall be disqualified from consideration.

Proposals must be received no later than **4:30 P.M. on August 25, 2017**.

Proposals must be mailed or hand delivered to Columbiana County Department of Job and Family Services, 7989 Dickey Drive, Suite 2, Lisbon, Ohio. Faxes will not be accepted. No confirmation of mailed proposals received can be provided. Materials received after the deadline date will not be added to previous submissions and will not be considered.

Proposals must be **typed** using a **12 point font, double spaced on 8.5 X 11 paper.**

One original and **3 copies** of the proposal must be submitted including narrative, budget, budget narrative and measurable outcome chart.

Proposals should not be bound at the edges. One staple is acceptable or a large clip.

All required forms and **attachments** must be completed and signed by the proposer's authorized representative and included in the proposal.

An index page should be included at the beginning of your proposal.

All pages shall be **sequentially numbered.**

It is mandatory that proposals be organized in the requested order, and that, wherever appropriate, sections/portions of the proposal make reference by section number/letter to those RFP requirements to which they correspond.

Section 6 Contact information

Proposers are cautioned that communication attempts which do not comply with instructions provided in this section of the RFP will not be answered.

Questions and comments may be address to: Susan Hawkins by phone at 330-420-6674 or by e-mail at Susan.Hawkins@jfs.ohio.gov or in person with a prior appointment at Columbiana County Department of Job and Family Services, 7989 Dickey Drive, Suite 2, Lisbon, Ohio 44432.

Section 7 Anticipated procurement time table

July 31, 2017	RFP released
August 11, 2017	Q&A period closes. No further inquires will be accepted.
August 25, 2017 4:30 p.m.	Deadline for proposer to submit proposal
September 1, 2017	CCDJFS issues contract award letters (estimate)
October 1, 2017	Contract begin date, (estimated, work may not begin prior to Columbiana County Board of County Commissioners passing a resolution)
September 30, 2018	Contract end date (all work must be satisfactorily completed by this date)

There is a possible rollover/renewal for a second year (2018-2019) if funding is available and it is determined that a continued need for the program/services exist.

Section 8 Proposer Qualifications

Any government, educational entities; private non-profit, private for profit, faith based organizations; or individuals with twelve consecutive months of documented, successful experience within the past two years

in providing appropriate/comparable services are eligible to apply. All vendor/sub-recipients must comply with this qualification requirement.

Section 9 Selection Process

The selection process will use the score sheet included as **attachment 2**. The selection process is divided into two phases. In the first phase all of the proposal acceptance criteria must be met by the proposer before the proposal will receive further consideration. In the second phase, the evaluation criteria will be judged on a numeric scale by the Review Committee. The Review Committee will be composed of CCDJFS representative including, but not limited to, the agency director and at least one other program staff member. The committee may also consist of one to three more members from either CCDJFS Planning Committee or other appropriate Community Partners. A proposal which is incomplete, vague, unjustifiably wordy, unclear, or poorly organized may not be successful. CCDJFS reserves the right to select one or more vendor/sub-recipients to enter into a contract with and to select all or part of a proposal.

Section 10 Compliance with Various Codes and Regulations

As a condition of entering into a contract with CCDJFS, the vendor/sub-recipient agrees to comply with the following requirements by signing the Representations, Assurances, and Certifications: (**attachment 1**)

Health Insurance Portability & Accessibility Act (HIPAA) 42 U.S.C. Sections 1320d through 1320d-8, and to implement regulations at 45 C.F.R. Section 164.502 (e) and sections 164.504 (e) regarding disclosure of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Protected Health Information (PHI) is information received by the vendor/sub-recipient from or on behalf of CCDJFS that meets the definition of PHI as defined by HIP AA and the regulations promulgated by the United States Department of Health and Human Services, specifically 45 CFR164.50 1 and any amendments thereto.

Accessibility of Program to Handicapped section 504 of the Rehabilitation Act of 1973, as amended (29 V.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this contract.

Civil Rights: there shall be no discrimination against any client or any 'employee because of race, color, sex, religion, national origin, handicap, or any other factor as specified in Title VI of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973; the Age of Discrimination Act of 1975; Title IX of the Education Act of 1972; the Omnibus Budget Reconciliation Act of 1981; the Americans with Disabilities Act of 1990; Section 1808 of the Small Business Job Protection Act (adoption); the Multi-Ethnic Placement Act of 1994 (MEPA) and the Inter-Ethnic (adoption) Provisions of 1966 (IEP) and subsequent amendments. It is further agreed that the Vendor/sub-recipient will comply with all appropriate federal and state laws regarding such discrimination and the right to and method of appeal will be made available to all persons under this contract. Any organization found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this contract.

Standard Code of Conduct: No vendor/sub-recipient, individual, company or organization seeking a contract shall promise to or give to any CCDJFS employee anything of value that is of such character as to manifest a substantial and improper influence upon the employee with respect to his or her duties. No vendor/sub-recipient, individual, company or organization seeking a contract shall solicit any CCDJFS employee to violate any of the conduct requirements for employees.

Any vendor/sub-recipient acting on behalf of CCDJFS shall refrain from activities which could result in violations of ethics and/or conflicts of interest. Any vendor/sub-recipient or potential vendor/sub-recipient who violates the requirements and prohibitions defined here, or of Section 102.04 of the Ohio Revised Code is subject to termination of the contract or refusal by CCDJFS to enter into a contract. CCDJFS employees and vendor/sub-recipients who violate sections 1052.03, 102.04, or 2921.43 of the Ohio Revised Code may be prosecuted for criminal violations.

Equal Employment Opportunity: Executive Order 11246 of September 24, 1965, entitled "Equal Employment Opportunity" as amended by Executive Order 11375 of October 13, 1967, and as supplemented in department of Labor regulations (41 C.F.R. chapters 60). (All construction contracts awarded in excess of ten thousand dollars by grantees and their vendor/sub-recipients or sub-grantees).

Copeland "Anti-Kickback" Act: 18 U.S.C. 874 as supplemented in department of labor regulations (29 E.F.R. Part 3).

Contract Work Hours and Safety Standards Act: 40 U.S.C.. 327-330 as supplemented by department of labor regulations (29 C.F.R. Part 5)

Debarment and Suspension: any proposer who is debarred or suspended or is otherwise ineligible for participation in a federal assistance program under Executive Order 12549, including 7 C.F.R. Part 3017, 29 C.F.R. Part 97 and 45 C.F.R. part 76; has an unresolved finding for recovery issued by the auditor of state on or after January 1, 2001, will not be eligible to enter into a contract with CCDJFS.

Drug Free Work Place pursuant to The Drug-Free Workplace Act of 1988, and its implementing regulations codified as 29 CFR 98, Subpart F.

Procurement: Purchases more than \$100 but less than \$25,000 must follow the vendor/sub-recipient's procurement policy. If no procurement policy is in place then the vendor/sub-recipient is required to follow the CCDJFS Procurement Policy.

Several codes are mentioned in this RFP and attachments. To review the entire code please go to the following websites:

Ohio Revised Code (O.R.C.) <http://codes.ohio.gov/>

Code of Federal Regulations (C.F.R.) <http://www.gpoaccess.gov/cfr/index.html>

Contact the CCDJFS contact person listed on the cover sheet of this RFP if you have difficulty finding the needed information.

Section 11 Public information disclaimer

All proposals and any other documents submitted to CCDJFS in response to the RFP shall become the property of CCDJFS. After the selection of the vendor/sub-recipient, any proposals submitted in response to an RFP are deemed to be public record pursuant to O.R.C. 149.43. The term "proposal" shall mean both the technical and the cost proposals, any attachments, addenda, appendices or sample products. Under the requirements of the Freedom of Information Act (5 USC 552), the contents of proposals or other information submitted to the CCDJFS is subject to public release upon request, except those items specifically exempt

from disclosure. Such disclosure shall only take place after this RFP process is completed. The vendor/sub-recipient shall mark as "proprietary" those parts of its proposal that it deems proprietary. However, the vendor/sub-recipient is alerted that this marking is advisory only and not binding on the CCDJFS. If there is a request from the public under F.O.L.A. to inspect any part of the proposal so marked, the CCDJFS will advise the vendor/sub-recipient and request further justification in support of the "proprietary" marking. If the CCDJFS, after receipt of the justification, determines that the material is releasable, the vendor/sub-recipient will be notified immediately. Under no circumstances will a proposal or any part of a proposal be released prior to the contract award decision.

Section 12 Contractual Requirements

Any contract resulting from the issuance of this solicitation is subject to the terms and conditions of the vendor/sub-recipient contract.

Section 13 Invoicing

Invoices must be received by the CCDJFS by the end of the month following the month of service. TANF contracts must use TANF/PRC Monthly Services Invoice (**attachment 3**) and or the Unit Rate Reimbursement Invoice (**attachment 4**). The monthly TANF Web Reporting Tool form (**attachment 5**) must be submitted along with the monthly invoice. Payments will be contingent upon receipt of documentation that services provided are consistent with those described in the approved contract and the specification of this RFP, and the documentation is adequate to support reports/billings. The CCDJFS reserves the right to request and review supporting documentation or other materials necessary to make this determination. Such invoices shall include monthly actual expenditures, the number of persons served, number of units, and amount claimed based on the negotiated contract in each eligibility category for each service covered in the contract. The CCDJFS will review such invoice for completeness, accuracy and for any information necessary before making payment within thirty days after the receipt of an accurate invoice.

Invoices not received within 60 days of the end of the month in which service was provided will not be accepted for payment. The reported expenditures submitted are subject to adjustment by the CCDJFS before such payment is made in order to adjust mathematical errors, incorrect rates, or non-covered services. The reported expenditures are subject to audit by appropriate state or federal officials or an independent audit

Section 14 Request for Tax Payer Identification (W-9) Requirements

The successful proposer will be required to complete a Request for Tax Payer Identification (W-9) form as provided in **attachment 6**.

Section 15 Reporting Requirements

WEB Reporting Tools are to be submitted along with the monthly invoice.

End of Year Reports are to be received into the CCDJFS within 30 days of the close of the contract. End of Year Reports should include final statistics of the year and how outcomes were met.

Section 16 Other Requirements

CCDJFS reserves the right to waive minor proposal defects, and to require clarifications or other additional information from interested proposer prior to finalizing a selection of a vendor/sub-recipient.

Costs incurred in the preparation of this proposal are to be borne by the proposer, and CCDJFS will not contribute in any way to the costs of preparation.

All contracts will require that the vendor/sub-recipients maintain confidentiality of information and records which state and federal laws, rules, and regulations require to be kept confidential.

A BCI&I fingerprint background check is required if the vendor/sub-recipient is working with children under the age of 18 or adults over the age of 60.

CCDJFS is under no obligation to issue a contract as a result of this solicitation if, in the opinion of CCDJFS, none of the proposals are responsive to the objectives and needs of the Department. CCDJFS reserves the right to not select any vendor/sub-recipient should CCDJFS decide not to proceed.

Periodic monitoring and evaluation activities will be completed, as deemed necessary, by the CCDJFS to ensure compliance with the terms of the contract.

Selected proposer may be required to determine TANF eligibility by utilizing the PRC Contracted Services Application (**attachment 7**).

Section 17 Attachments

- Attachment 1 **Representations, Assurances, and Certifications** – must be completed by proposer, signed and returned as part of proposal.
- Attachment 2 **Proposal Evaluation Scoring Sheet** – provided for proposer self-evaluation purposes, not to be completed or returned.
- Attachment 3 **TANF/PRC Monthly Services Invoice** – provided for successful proposer (s) to use monthly.
- Attachment 4 **Unit Rate Reimbursement Invoice** – provided for successful proposer (s) to use monthly.
- Attachment 5 **TANF Web Reporting Roster** – provided for successful proposer (s) to use monthly.
- Attachment 6 **W-9** must be completed by proposer, signed and returned as part of the proposal.
- Attachment 7 **PRC Contracted Services Application** – provided for successful proposer to use to determine participant eligibility.
- Attachment 8 **Budget** – must be completed by proposer and returned as part of the proposal.
- Attachment 9 **Chart of Measurable Outcomes** – must be completed by proposer and returned as part of the proposal.

Please address these items in your RFP Proposal:

- Your knowledge about federal and state laws, including ODJFS, in regards to the requested proposed services.
- Your experience with providing similar services.
- Information on when the program will begin and what area the program will start
- Description of the targeted population and how you will acquire your referrals (participants).
- Any Columbiana County statistical data which supports the need for the proposed service.
- How many hours per week would be given on this contract, who will be responsible for implementation and ongoing progress of this program.
- Cost of proposed service utilizing the uniform budget form as provided in **attachment 8**. Please submit a detailed **Narrative Budget** explaining each line item **and how it was calculated** along with your uniform budget form.
- Explain whether or not this service is funded by any other grants, agreements or contracts. If you receive funding from other grants, agreements or contracts; please explain the effect it has on the service in this RFP.
- Establish a private pay unit rate and explain in detail how you arrived at that rate. Even if you do not provide the proposed service to private pay individuals, we need this information to prove the cost you are charging the CCDJFS is equal to or less than what would be private pay. All proposers are required to submit a private pay unit rate regardless of your invoicing method. Proposals submitted without a private pay unit rate will be considered incomplete.
- If your contract is a unit rate reimbursement contract (see questions at the bottom of attachment 8), define the unit, e.g., hour, student or mile.
- Copy of vendor/sub-recipient's mileage reimbursement policy.
- New proposers are required to submit copies of their most recent audit. If there were findings within the audit report, the CCDJFS is requesting a copy of any corrective action plan put in place in response to the finding. According to OMD circular A-133 if an entity receives \$500,000.00 or more in federal funds, they are required to have a single audit conducted annually.
- A list of expected project deliverables explaining how you plan to measure the success of your program with realistic outcomes.
- A description of any curriculum to be used in your program, remembering that evidence-based curriculums are preferred.
- If equipment is to be purchased with these funds, it must be program specific and not used for any other program. Please remember that all equipment purchased with these funds becomes and remains the property of CCDJFS. All equipment purchases must have prior approval of the CCDJFS.

- Any other information you feel would be applicable.

Attachment 1

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

1. Name of organization / individual: _____
Mailing Address: _____
3. Website: _____
4. Tax ID or Social Security No.: _____
5. Telephone Number: _____
6. Name and telephone number of the person(s) who has the authority to submit proposals:

7. Name and telephone number of the person(s) who has the authority to sign contracts:

8. The legal status of the bidder's organization (e.g., corporation, sole proprietorship, post-secondary education institution, etc.):

9. Date of establishment /incorporation: _____
10. Federal Employer Identification Number (FEIN): _____
11. Worker's Compensation Account Number: _____
12. Unemployment Insurance Account Number _____
13. Is the company co-owned or controlled by a parent company? ___ Yes ___ No
If yes, name of parent company: _____
14. Is the bidder authorized / licensed to do business in the state of Ohio? ___ Yes ___ No
15. Is the bidder bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules?
___ Yes ___ No
16. The company certifies that it is not debarred nor suspended under Federal and State rulings from receiving Federal funds.
___ Yes ___ No
17. The company certifies that its' organization is not on the EPA list of Violating Facilities, but is in compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act 42 USC 1857 (h); Section 508 of the Clean Water Act 33 USC 1368; Executive Order 11738; and Environmental Protection Agency Regulations 40 CFR Part 15.
___ Yes ___ No

18. The company certifies that its' organization is required to report any violations to the State / County agency and to the U.S. EPA Assistant Administrator for Enforcement (EN-329) ___ Yes ___ No
19. Does the company have current or future plans for a buy-out or sale? ___ Yes ___ No
20. The company certifies that its' organization and/or its' principals are not on the General Services Administration" List of Parties Excluded from Federal Procurement or Non-procurement Programs" in accordance with Executive Orders 12549 and 12689. ___ Yes ___ No
21. The company certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work-related to this Request for Proposal. ___ Yes ___ No
22. The company certifies that its' organization will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any Federal agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. ___ Yes ___ No
23. The company certifies that its' organization shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. ___ Yes ___ No
24. The company certifies that it is a drug-free workplace ___ Yes ___ No
25. The company certifies that it is not delinquent on any Federal, State, County or local debt. ___ Yes ___ No
26. The company certifies that it has no unresolved audit findings with the Auditor of State. ___ Yes ___ No
27. The company certifies that it is in compliance with the American with Disabilities Act (ADA) ___ Yes ___ No
28. The company certifies that all information contained in this proposal is true and correct and shall be open to verification, should the CCDJFS choose to do so. ___ Yes ___ No
29. The proposer warrants that the costs quoted for services are not in excess of those that would be charged any individual for the same services performed by the proposer. ___ Yes ___ No

(Provider's Authorized Representative Signature)

Sworn to and subscribed before me this _____ day of _____

(Notary Public)

My commission expires _____

Attachment 2

Proposal Evaluation Scoring Sheet

Vendor/sub-recipient Name: _____

Proposed Service: Job Readiness Program

The proposal must meet all of the following proposal acceptance criteria in order to be considered for further evaluation. Any proposal receiving a "no" response to any of the following criteria may be disqualified from consideration. **Proposals with a score below 60 will not be considered.**

Proposal submission

Was the proposal received appropriately & by the deadline? _____yes _____no

Were all required forms completed and submitted and in the correct order?
_____yes _____no

Organizational experience/capabilities/qualifications

Maximum number of points for each sub-section is 10 _____ (30)

- _____ Prior experience in providing the service including past monitoring results if applicable
- _____ Prior service statistics
- _____ Qualifications

Deliverables

Maximum number of points for each sub-section is 10 _____ (40)

- _____ Deliverables meet the goals of the RFP
- _____ All inclusive plan
- _____ Curriculum (including copy of)
- _____ Time-lines

Budget

Maximum number of points for each sub-section is 10 _____ (50)

- _____ Appropriate Administrative Costs (maximum 10%)
- _____ Do detailed Line Items match the uniform invoice & or the unit rate invoice?
- _____ Is the budget cost effective and are all cost allowable?
- _____ Did the proposer demonstrate how the costs are related to the service in the proposal?
- _____ Did the proposer clearly define if the service is funded by any other grants, agreements or contracts and the effect on this service?

Comments:

Name of scorer _____

Total Points

(100)

Attachment 3

TANF/PRC Uniform Monthly Services Invoice

ACTUAL COST REIMBURSEMENT

Month of _____

Vendor # _____

Provider _____ Program/Service Name _____

Address _____

Phone _____ Contact Person _____

Date form completed: _____ Signature of person completing form: _____

Actual Monthly Costs

I. Staff Costs

A. Salaries and Payroll Related Expenses \$ _____

B. Sub-Contract Fees \$ _____

Total Staff Costs \$ _____

II. Operational Costs

A. Travel (mileage) \$ _____

B. Supplies \$ _____

C. Food Costs \$ _____

D. Occupancy \$ _____

E. Insurance \$ _____

F. Administrative Costs \$ _____

G. Incentives \$ _____

H. Other – Miscellaneous
Itemize \$ _____

_____ \$ _____

_____ \$ _____

Total Operational Costs \$ _____

III. TOTAL MONTHLY PROGRAM COST \$ _____

CCDJFS ONLY

Date Received _____

Initial / Date entered on Spreadsheet & Payment Approved _____

Attachment 4

UNIT RATE REIMBURSEMENT INVOICE

Month of _____

Vendor # _____

Provider _____ Program/Service Name _____

Address _____

Phone _____ Contact Person _____

Date form completed: _____

Signature of person completing form: _____

Unit of Service (description) _____

Unit Cost (cost per unit) \$ _____

Number of Units (number of units billed this month) _____

Total Invoice (Unit Cost x Number of Units) \$ _____

CCDJFS ONLY

Date Received _____

Initial / Date entered on Spreadsheet & Payment Approved _____

TANF Web Reporting Tool

W -9

Please See Attached PDF File

PRC Application
Please See Attached PDF File

BUDGET

October 1, 2017 – September 30, 2018

Vendor/sub-recipient _____

Program/Service Name _____

Annual Costs

I. Staff Costs

A. Salaries and Payroll Related Expenses	\$ _____	
B. Sub-Contract Fees	\$ _____	
Total Staff Costs		\$ _____

II. Operational Costs

A. Travel (mileage)	\$ _____	
B. Supplies	\$ _____	
C. Food Costs	\$ _____	
D. Occupancy	\$ _____	
E. Insurance	\$ _____	
F. Administrative Costs (no more than 10% of the total contract)	\$ _____	
G. Incentives	\$ _____	
H. Other – Miscellaneous	\$ _____	

Itemize

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Operation Costs **\$ _____**

TOTAL BUDGET **\$ _____**

1. Is this the first year of the proposed program? yes no
2. Do you serve only TANF eligible clients? yes no

**If you answered yes to either question then you are to use the Actual Cost Reimbursement Invoice.
If you answered no to both questions then you are to use the Unit Rate Reimbursement Invoice.**

Chart of Measurable Outcomes

Intention	Outcome	Measured By

Check List

Each proposal must contain the following:

- ___ Typed, 12 pt. font, double space proposal
- ___ Original and 2 copies of proposal to include: narrative, budget, budget narrative and measurable outcomes chart.
- ___ Index Page
- ___ All pages are sequentially numbered
- ___ Program Information/Narrative
- ___ Detailed Narrative Budget explaining each line item
- ___ Private Pay Unit Rate and details on how you arrived at that rate
- ___ List of project deliverables
- ___ Copy of proposer's mileage reimbursement policy
- ___ Copy of any curriculum to be used if applicable
- ___ Explanation of how you will be reporting your program services
- ___ Copy of your most recent audit if you are a new proposer.

- ___ Attachment 1 Representations, Assurances, and Certifications
- ___ Attachment 6 W-9 Form, return signature page only
- ___ Attachment 8 Budget
- ___ Attachment 9 Chart of Measurable Outcomes