

# COUNTY OF BERKS

## Request for Proposal #08-HSDF

### Human Services Development Fund – HSDF

Fiscal Year 08 / 09

**Submittal Deadline:**

**Monday, March 24, 2008, 4:00 P.M., Local Prevailing Time**

**Submit one HARD COPY of all required material & attachments**

**Submit one ELECTRONIC VERSION of RFP only to:**

**[mhenry-moss@countyofberks.com](mailto:mhenry-moss@countyofberks.com)**

**ELECTRONIC VERSION – Available on County’s website**

**[www.co.berks.pa.us](http://www.co.berks.pa.us) –Click on Human Services, Dept of Human Services, RFPs**

**Or sent an email request to the above address.**

# HUMAN SERVICES DEVELOPMENT FUND – FY 08 / 09

## Section 1 AGENCY INFORMATION

- *Agency Name .*
- *Address .*
  
- *Agency Director/Email.*
- *Staff Contact/Title/Email.*
- *Telephone Number .*
- *Fax Number.*
- *Direct E-Mail Address(Needed for emergency grant info) .*
- *Type of Organization- Public Agency, Private Non-Profit (501)(c)(3), Private For-Profit, Other.*

## Section 2 Program Summary

A. Program Title: \_\_\_\_\_

B. Program Location: \_\_\_\_\_

C. Has this program received prior HSDF allocations?

Last Year – 06/07 ? \_\_\_\_\_ No

\_\_\_\_\_ Yes: Amount \$ \_\_\_\_\_ % of total program funding: \_\_\_\_\_ %

This Year – 07/08 ? \_\_\_\_\_ No

\_\_\_\_\_ Yes: Amount \$ \_\_\_\_\_ % of total program funding: \_\_\_\_\_ %

Requested: What amount are you requesting for next year? \$ \_\_\_\_\_

This is what % of needed funds for this program? \_\_\_\_\_ %

Do you anticipate other funds will be received to support this program?

\_\_\_\_\_ No

\_\_\_\_\_ Yes: Source \_\_\_\_\_ Percent of program funding: \_\_\_\_\_ %

D. Agency Overview

Please state the agency's (not the program for which funding is being requested) overall mission and purpose. Keep this as concise as possible. **Do not exceed 15 lines .**

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E. Please provide a budget narrative that explains how you arrived at the cost for delivery of the proposed service. (Use only that apply, change accordingly based on proposed service)

ADULT SERVICES – 18 – 59 years only

Service	Cost per unit	Prog. Funded	Narrative
Home Del. Meals			
Adult Day Care			
Case Management			
Homemaker			
Transportation			

GENERIC SERVICES – 2 or more populations

Service	Cost per unit	Prog. Funded	Narrative
Srv.Planning/case mgnt.			
Chore/Home Support			
Counseling			
Life Skills Education			

*MENTAL RETARDATION*

<i>Service</i>	<i>Cost per unit</i>	<i>Prog. Funded</i>	<i>Narrative</i>
<i>Community Habitation</i>			
<i>Home/Comm Service</i>			
<i>Community Service</i>			

*MENTAL HEALTH*

<i>Service</i>	<i>Cost per unit</i>	<i>Prog. Funded</i>	<i>Narrative</i>
<i>Fac Based Voc Rehab</i>			
<i>MH Crisis Intervention</i>			
<i>Community Habitation</i>			

*DRUG & ALCOHOL*

<i>Service</i>	<i>Cost per unit</i>	<i>Prog. Funded</i>	<i>Narrative</i>
<i>Outpatient Services</i>			
<i>Inpatient, Non-hospital</i>			
<i>Other Interventions</i>			
<i>Case Management</i>			

*CHILDREN & YOUTH 0 to 17 years only*

<i>Service</i>	<i>Cost per unit</i>	<i>Prog. Funded</i>	<i>Narrative</i>
<i>Protective Services</i>			
<i>Information &amp; Referral</i>			
<i>Life Skills Training</i>			

*AGING SERVICES 60 & up years only*

<i>Service</i>	<i>Cost per unit</i>	<i>Prog. Funded</i>	<i>Narrative</i>
<i>Care Management</i>			
<i>Congregate Meals</i>			
<i>Home Delivered Meals</i>			
<i>Information &amp; Referral</i>			
<i>Transportation</i>			
<i>Home Support</i>			

**SPECIALIZED SERVICES**

<i>Service</i>	<i>Cost per unit</i>	<i>Prog. Funded</i>	<i>Narrative</i>
<i>Employment Resources</i>			
<i>Talkline</i>			
<i>Café Coordination</i>			
<i>Berks Pride</i>			
<i>School Intervention</i>			
<i>Children's Alliance Ctr</i>			

F. *Client Demographics*

*Program Beneficiary Statistics*

*(Unduplicated and served by HSDF funds only)* **Note: this is reported to DPW.**

Age Group	Last Year	Current Year	Proposed Budget Yr
Infants – Under 5			
Between 5 and 17			
Between 18 and 59			
Between 60 and 70			
71 and over			
Unknown			
<b>TOTALS</b>			

Ethnic Origin Information	Last Year	Current Year	Proposed Budget Yr
White			
Black			
Hispanic			
Asian/Pacific Islander			
Did not report			
<b>TOTALS</b>			

Gender	Last Year	Current Year	Proposed Budget Yr
Male			
Female			
<b>TOTALS</b>			

### Section 3 Statement of Need

*\*Justify the need for this program. All data sources relied upon should be noted. Please make reference to which of the major issue areas your program addresses.*

*\*What target population is most affected by the problem ?*

*\*Identify the gaps in services and demonstrate the need for the proposed program in light of other available resources .*



**Section 5 Client Satisfaction**

Explain the program procedures for determining the degree of client satisfaction with the services provided by the program and program staff.

**Section 6 Evaluation**

Provide a copy of your organization's most recent internal evaluation of this program and/or third party evaluations of the program, if available.

Clearly and concisely describe the following aspects of the proposed program/services:

- *Describe all direct services to be provided and hours of operation.*

- *State how you will identify and access your client population. Will the program employ any special techniques to reach hard-to-serve persons .*

- *State the intake policy and/or eligibility criteria that the program will use to guarantee maximum participation by the target groups or individuals.*

- *If fees will be charged provide the fee schedule.*

- State how you will verify the clients' income eligibility.

- List the direct service staff of the program and the percentage of time they will allocate to this program, the percentage of salary and fringe benefit costs that will be paid with HSDF funds. **CASE MANAGER / INFO & REFERRAL ONLY**

Title / Position	Salary	Fringe	% to HSDF	Dollar Amt

**Section 7** If the program involves services to children, does the agency conduct CHILDLINE/criminal background checks?

**Section 8 Service Collaboration**

*Describe what plans or efforts have been, or will be made to collaborate and integrate the delivery of these services with services provided by other agencies serving the same clients in order to achieve high levels of efficiency, effectiveness, and consumer friendly services. Please be specific.*

**Section 9 Funding Strategy**

*It is important for your organization to help offset the demand for the limited amount of HSDF dollars available by using these funds to leverage other funding. If your project relies on a renewal of funds every year, the County cannot guarantee that renewal.. Answers under each of the following sections should be ten lines or less.*

- List other sources of funding, which have been sought but denied. Denial of funding letters may be attached. If you have not attempted to obtain other funding, explain why

- How would your agency replace **HSDF** dollars if they were reduced or eliminated over a period of time?

**Section 10 Standard Required Documents**

*A list of the **Current Board of Directors or other governing body** of the organization must be submitted. The list must include the name, telephone number, address, occupation, or affiliation of each member and must identify the principal officers of the governing body. **A Financial Statement and the most recent audit must also be submitted.***

**Section 11 Insurance**

*Proposers must provide with their proposals a sample certificate of insurance evidencing, at minimum, the insurance coverage types and levels set forth in Section 3 herein.*