

# **REQUEST FOR PROPOSAL**

## **ISSUED BY**

**Lehigh County Department of Human Services  
Drug and Alcohol Abuse Services  
Single County Authority (SCA)**

**Student Assistance Program (SAP) Liaison Services  
within all Lehigh County Middle and High Schools  
including Charter, and Private Schools  
(Excluding Allentown School District)**

## **PROJECT OFFICER**

Darbe George  
Single County Authority (SCA) Administrator  
Lehigh County Government Center  
17 South 7<sup>th</sup> Street  
Allentown, PA 18101  
610.782.3558  
darbegeorge@lehighcounty.org

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## **I. GENERAL INFORMATION FOR APPLICANTS**

**A. INTRODUCTION:** This request for proposals (RFP) for Student Assistance Program Liaison(s) services provides interested applicants with the information, forms and instructions to prepare and submit proposals for consideration by Lehigh County Drug and Alcohol Abuse Services for the coming Fiscal Year.

### **B. SERVICE DESCRIPTION:**

The intervention service currently purchased by Lehigh is of the following type:

1. Intervention
  - a. Student Assistance Program (SAP) Liaison Services. These are school-based services designed to identify and intervene with youth whose behavior indicates they may have a problem with alcohol and other drugs.

### **C. SELECTION CRITERIA**

Proposals will be reviewed and judged considering the following factors:

1. timeliness of submission and response to follow-up inquiries
2. inclusion of all required documentation
3. accuracy and soundness of budgetary/financial data
4. demonstrated ability to provide services

Proposals will be reviewed to select the programming most appropriate to the needs and locale. Agencies that receive an allocation will be notified, and a contract will be issued.

### **D. REJECTION OF PROPOSALS**

The County Drug and Alcohol Program reserves the right to reject any and all proposals received as a result of the RFP, and may negotiate separately with competing applicants. If all proposals are unacceptable, the County reserves the right to reject the proposals and to issue a new RFP, if indicated. The County reserves the right to reject a proposal at any time during the process

### **E. CONTRACT**

The applicant agrees to assume responsibility for the provision of all services offered in the proposal by July 1 and to maintain all aspects of the contracted agreement and subsequent amendments throughout the designated period which ends June 30. A copy of the standard contract format currently in use by each County is available upon request from each respective office. The requirements regarding insurance, audits, human rights, etc. which would be incorporated into any final agreement are included in the contract's body or appendices.

## II. RESPONSE TIMEFRAMES

<b>ACTION</b>	<b>DATE</b>
<b>RFP Released:</b>	<b>June 14, 2010</b>
<b>RFP Responses Due:</b> Darbe George Drug and Alcohol Administrator Lehigh County Government Center 17 South 7 <sup>th</sup> Street Allentown, PA 18101 darbegeorge@lehighcounty.org	<b>June 28, 2010 at 12 Noon</b> <b>(Via Email and US Mail Delivery)</b>
<b>Proposal Review Dates</b>	<b>June 29, 2010</b>
<b>Tentative Applicant Interview Date</b>	<b>June 30, 2010</b>
<b>Tentative Applicant Selection Date:</b>	<b>July 1, 2010</b>



### III. INSTRUCTIONS

1. Applicants must respond to all components of this RFP and work within the page limits where indicated. Failure to comply may result in disqualification. Information contained in the proposals must address everything outlined in this document.
2. All responses to the RFP are due on **June 28, 2010 on or before 12:00 Noon Eastern Time**, as follows:

Respondents will provide their proposals in two formats:

1. Four paper copies
2. One email, containing all electronic documents.

**Submission of All Electronic documents\* by Email to:**

**[darbegeorge@lehighcounty.org](mailto:darbegeorge@lehighcounty.org)**

\*All documents must be in MSWord or MS Excel 2003 or earlier

AND

**Submission of all paper documents by US Mail to:**

Darbe George  
Drug and Alcohol Administrator  
Lehigh County Government Center  
17 South 7<sup>th</sup> Street  
Allentown, PA 18101

The County reserves the right to disqualify any and all proposals received after this date and time.

The submission must contain the all information requested in Sections IV, V, VI, and Appendices I – IV.

3. Proposals shall be submitted with the following expressed understanding:
  - The County has the right to reject any and all proposals at the sole discretion of the County.
  - The County may procure any service by any other means.
  - The County may modify the selection process or the scope of the project or the required responses.
4. All costs of developing proposals and any subsequent expenses related to contract negotiations are entirely the responsibility of the applicant.

5. Best and final negotiations may occur.
6. The County will select finalists with which it will begin the interview and selection process prior to contract negotiations.
7. Consideration will be given to those proposals that identify training initiatives and development as part of the technical proposal.

## **IV. INFORMATION REQUIRED FROM APPLICANTS**

### **A. COVER PAGE (Including Unit Cost Calculation Sheet)**

### **B. AGENCY DESCRIPTION (Limit Two Pages)**

In the introduction, you will provide basic information about your agency and your proposal.

The following information must be included:

1. Length of existence; years licensed by the Department of Health, current license status.
2. Mission and Philosophy Statement.
3. Statement of staff experience working with minorities. Include number of bilingual and bicultural staff.
4. Major agency changes in function or service capacity that are anticipated in fiscal year, or have taken place this past year.

### **C. SERVICE/PROJECT DESCRIPTION**

In this section you must describe in more detail:

1. Describe the service you propose to provide and why your organization has decided to submit this proposal.
2. Explain how you see this above service complementing the Single County Authority.
3. Discuss diversity and cultural competency issues as they affect the Student Assistance Program in the geographic regions. Discuss the means to identify special skills or abilities to serve priority populations, related recruitment, and training and retention strategies among the Student Assistance Program Teams.
4. Describe how your agency will assist in encouraging collaboration among the Student Assistance Program Teams and other drug and alcohol services (i.e. SADD, prevention, etc.) in the school.

5. Describe any other services you believe your agency could be provide that would be beneficial to the Student Assistance Program Teams.
6. Explain how you can ensure that all data reporting requirements required by the Single County Authority will be adhered.

#### **D. Quality Assurance Process**

Describe the standard parameters, monitoring systems, and objective measures for auditing quality of services among the teams. Describe methods for monitoring critical incidents. Describe the process for evaluating and targeting program deficiencies and implementing an action plan. A strong component of measuring team outcomes must be included. A copy of any forms that will be utilized should be submitted.

#### **V. COST AND PRICE ANALYSIS**

- A. HDA 311N Page 1** - Signed year-to-date fiscal report and cash request (Revenue Sheet).
- B. HDA 311N Page 2** - This form must be completed for three fiscal years (Expense Sheet). If there is more than one program, please submit a separate expense sheet for each program.
- C. A Budget Narrative** must accompany form HDA311N and provide a detailed explanation of:
  - Any items which have increased more than 10% over the AUDIT year.
  - Any “miscellaneous” or “other” revenue or expenditure items.
- D. HDA 313M (Personnel Roster)**: include title, formal education, credentials, and experience in field and anticipated salary for fiscal year 2010-2011. If there is more than one program, please submit a separate personnel Roster for each program. In addition, a separate sheet should list all contractors with the same information and hours/week.
- E. A Unit Cost Calculation Sheet** must be submitted.



## VI. ADDITIONAL REQUIRED DOCUMENTATION

- A. Organizational Chart with number and types of staff for proposed service (include full and part-time positions).
- B. Current Board of Directors including addresses, phone numbers and times, dates and locations of Board meetings. If there is a local board/committee for an agency that has their headquarters outside Lehigh County list those members on a separate sheet.
- C. Copy of latest audit (**if NOT on file at SCA**). If no audit has been performed then please submit the agency's financial statements for the most recently completed fiscal year. A single audit (in accordance with the provisions of OMB Circular A-133) is required by the Federal Government for any provider that receives \$500,000 or more of Federal Dollars (from **ALL** sources combined). In the absence of a Federally required audit, providers that expend \$500,000 or more in combined State and Federal funds during a program, year are required to have an audit of those funds made in accordance with GAGAS. When the aforementioned audit requirements are not applicable and the provider expends \$100,000 or more in Federal, State and/or County funds that are received from the County, the Provider is required to have an audit of those funds made in accordance with GAGAS.
- D. Signed statement that program is in compliance with Acts 33 and 34.
- E. Articles of Incorporation.

**Appendix I**

**COVER PAGE  
UNIT COST CALCULATION**

STUDENT ASSISTANCE PROGRAM LIAISON(S)

REQUEST FOR PROPOSAL

Agency: \_\_\_\_\_ ( ) Private, nonprofit

( ) Public, nonprofit

Address: \_\_\_\_\_ ( ) Private, for profit

\_\_\_\_\_ EIN/IRS Tax No. \_\_\_\_\_

Telephone No. \_\_\_\_\_ Contact Person \_\_\_\_\_

Facility \_\_\_\_\_ Facility ID# \_\_\_\_\_

Facility \_\_\_\_\_ Facility ID# \_\_\_\_\_

Facility \_\_\_\_\_ Facility ID# \_\_\_\_\_

Is there a current audit on file with the County MH/MR/D&A Program? YES  NO   
(If "NO", submit with Proposal.)

Federal Fiscal Year \_\_\_\_\_ State Year \_\_\_\_\_ Calendar Year \_\_\_\_\_

Type of Service	Amount Requested 2010/2011	Unit Cost 2010/2011

Director \_\_\_\_\_ Date: \_\_\_\_\_

Board President \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix II

## YEAR-TO-DATE FISCAL REPORT AND CASH REQUEST FOR FACILITIES

HDA 311N (Revised 12/06)  
Page One  
Date:

TO: \_\_\_\_\_ County Drug & Alcohol Program (SCA)

Facility ID #: \_\_\_\_\_ Name: \_\_\_\_\_ Report No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_ For Period of: \_\_\_\_\_  
 To: \_\_\_\_\_ Contract Number: \_\_\_\_\_ Total Funds Approved: \_\_\_\_\_

Program Activity	Code		
<b>Section I - Cumulative NON-SCA Revenue &amp; Income</b>			
Part A - Cumulative Revenue & Income Receipts Applicable to Eligible Expenses			
<b>Sources</b>			
501 Provider Revenue *		\$ _____	
502 Provider Charitable Income *		\$ _____	
503 Provider Interest Income		\$ _____	
504 Client Fees		\$ _____	
505 Private Health Insurance		\$ _____	
506 Medical Assistance		\$ _____	
507 Other Third Party Fees		\$ _____	
508 Miscellaneous		\$ _____	
* Identify			
<b>Total - Section I Part A:</b>			
<b>Section I - Cumulative NON-SCA Revenue &amp; Income</b>			
Part B - Cumulative Revenue & Income Applicable to Non-Eligible Expenses			
<b>Sources</b>			
501 Revenue*		\$ _____	
502 Charitable Income *		\$ _____	
*Identify			
<b>Total - Section I, Part B</b>			\$ _____

**Certification Statement**

I certify that I am the Executive Officer of said organization, and this budget for income and expense for the period shown is true and correct to the best of my knowledge and belief; that the expenses and income shown on these forms will be reconciled with the related balances of the books of this organization; that the expenses will be charged in accordance with fiscal guidelines, directives and provisions of the contract/agreement, as required by the Single County Authority; and that the organization understands that any and all payments made hereunder are made in reliance by the Single County Authority upon the statements herein made.

Prepared By: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Facility Director/Administrator \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 SCA Approval \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature)

### Section II - Year-to-Date Invoicing

1. Cumulative Eligible Expenses (Section III, Part A, Column 9)	\$ _____	
2. Less: Cumulative Revenue & Income appl. to eligible expenses (Section I, Part A, Total)	(-) \$ _____	
3. Cumulative Amount Eligible for Reimbursement	(=) \$ _____	
4. Less: Cumulative Amount previously billed to SCA	(-) \$ _____	
5. Cumulative Cash Request to SCA (3. less 4.)	(=) \$ _____	
6. Funds Advanced to Facility by SCA	\$ _____	
7. Amount of advance funding applied to this invoice	(-) \$ _____	
8. Cumulative Amount of advance funding applied to eligible expenses	\$ _____	
9. NET CASH REQUEST (5. LESS 7.)	(=) \$ _____	



# Appendix III

HDA 311N Revised (12/06)

Facility Name: \_\_\_\_\_ Activity: \_\_\_\_\_

Section III - Facility Expenses Budget Categories	Fiscal Year 2008-2009 (Audit)		Fiscal Year 2009-2010 (Projected)		Fiscal Year 2010-2011 (Proposed Budget)				
	1 Admin.	2 Client Oriented	3 Total	4 Admin.	5 Client Oriented	6 Total	7 Admin.	8 Client Oriented	9 Total
Part A - Eligible Expenses									
Personnel Services (100)									
111 - Administrative Salaries			\$ -			\$ -			\$ -
112 - Administrative Benefits			\$ -			\$ -			\$ -
121 - Client-Oriented Services Salaries			\$ -			\$ -			\$ -
122 - Client-Oriented Services Benefits			\$ -			\$ -			\$ -
131 - Staff Development			\$ -			\$ -			\$ -
Sub-total: Personnel Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Operating Expenses (300)									
301 - Meeting and Conference Expenses			\$ -			\$ -			\$ -
302 - Consultant Expenses			\$ -			\$ -			\$ -
303 - Miscellaneous Personnel Expenses			\$ -			\$ -			\$ -
304 - Occupancy Expenses			\$ -			\$ -			\$ -
305 - Insurance			\$ -			\$ -			\$ -
306 - Communications			\$ -			\$ -			\$ -
307 - Office Supplies			\$ -			\$ -			\$ -
308 - Minor Equipment and Furniture			\$ -			\$ -			\$ -
309 - Medical Supplies and Drugs			\$ -			\$ -			\$ -
310 - Food and Clothing			\$ -			\$ -			\$ -
311 - Program Supplies			\$ -			\$ -			\$ -
312 - Staff Travel			\$ -			\$ -			\$ -
313 - Client Transport			\$ -			\$ -			\$ -
314 - Purchased Client-Oriented Services			\$ -			\$ -			\$ -
315 - Equipment Maintenance Expense			\$ -			\$ -			\$ -
316 - Equipment Leases			\$ -			\$ -			\$ -
317 - Motor Vehicle Maintenance Expense			\$ -			\$ -			\$ -
318 - Motor Vehicle Leases			\$ -			\$ -			\$ -
319 - Other Operating Expenses			\$ -			\$ -			\$ -
320 - Indirect Costs			\$ -			\$ -			\$ -
Sub-total: Operating Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fixed Assets (400)									
401 - Equipment and Furniture			\$ -			\$ -			\$ -
402 - Motor Vehicles			\$ -			\$ -			\$ -
403 - Capital Improvements			\$ -			\$ -			\$ -
404 - Capital Purchases			\$ -			\$ -			\$ -
Sub-total: Fixed Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total (Part A - Eligible Expenses)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Part B - Non-eligible Expenses									
Sub-total: Non-eligible Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total (Part B - Non-eligible Expenses)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



