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|  **COUNTY OF ROCKLAND NOTICE OF 2025 FUNDING OPPORTUNITY TO PROVIDE SERVICES/PROGRAMS TO COUNTY RESIDENTS****LONG FORM****FROM ORGANIZATIONS SEEKING FUNDING $20,000 OR MORE****[ORGANIZATIONS SEEKING FUNDING UNDER $19,999 SHOULD COMPLETE “SHORT FORM”]***This opportunity for a minimum one-year contract is a consideration from the County* *(January 1, 2025 – December 31, 2025) and is subject to availability of funds.* *A contract in one year does not guarantee a contract in future years.***NOTABLE CHANGES FOR 2025 CONTRACT FUNDING REQUESTS: At this time, please do not submit any attachments other than your completed Service Proposal and funding request. Funding provided by the County will be subject to the Office of Management and Budget’s Uniformed Guidance as detailed in the Code of Federal Regulations, Title 2, Grants and Agreements. All submissions must be developed on a price per unit of service basis rather than an annual, monthly cost or periodic date basis.** **Based on the Funding Application and the source of funding, the County will determine if a competitive procurement process is required. Proposals that do not conform with this requirement and/or are incomplete will not be evaluated.****Question 1 in Part II of this application, regarding funding, has been revised for 2025. The question asks for funding information related to the entire program. The revised language should be more clear and better identify programs funded by more than one County department.****After your submission of a completed Service Proposal and funding application request, IF you are subsequently advised that the County will be offering a 2025 contract to your agency, you will then be asked to furnish all appropriate documentation, as will be requested.** **PROPOSAL DUE DATE: 5:00PM ON FRIDAY, OCTOBER 25, 2024 ON THE COUNTY PORTAL ONLY. PROPOSALS WILL NOT BE ACCEPTED AFTER THIS TIME*** AGAIN: At this time, please do not submit any attachments other than your completed Service Proposal and funding request.
* **PROPOSAL MUST BE COMPLETED USING THIS MICROSOFT WORD APPLICATION FORM. ENTER RESPONSES UNDER EACH SECTION. SECTIONS ARE EXPANDABLE**.
* **PROPOSAL MUST BE TYPED - HANDWRITTEN PROPOSALS WILL NOT BE ACCEPTED.**
* **INCOMPLETE PROPOSALS WILL NOT BE EVALUATED AND WILL BE RETURNED TO THE APPLICANT.**
* **RESPOND TO ALL QUESTIONS IN THE EXPANDABLE SPACE PROVIDED.**
* **FURNISH APPROPRIATE ATTACHMENTS AS REQUESTED. WHERE INDICATED, ATTACHMENTS MUST BE SEPARATELY UPLOADED TO THE COUNTY PORTAL.**
* **THE FOCUS OF THIS DOCUMENT IS ON THE PROPOSED PROGRAM (NOT ON YOUR ORGANIZATION).**
* **QUESTIONS RELATING TO THIS DOCUMENT SHOULD BE SUBMITTED *BY EMAIL ONLY* TO:**

**contractagency@co.rockland.ny.us****INQUIRIES BY EMAIL, TELEPHONE, FAX, ETC. TO ANY OTHER COUNTY OF ROCKLAND DEPARTMENT OR EMPLOYEE WILL NOT BE ACCEPTED OR ANSWERED.***This funding request does not guarantee a contract and/or performance requirements may be modified by the County.* Organizations submitting a proposal must meet the following requirements: * Be a 501(c)3
* Be governed by a Board of Directors
* Be up-to-date with all IRS filings
* Be up-to-date with all NYS filings
* Have a current budget with Board approval
* Be fiscally sound
* Have a Non-discrimination Policy
* Have a Conflict of Interest Policy
* Maintain program records for the purpose of an audit and provide to the County all program-related information including proprietary materials, upon request
* Submit reports as required by the County Department monitoring the contract including year-end reports, attendance lists for each group activity, and log sheets for clients served
* Be available for on-site visits, announced and unannounced

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| **County Department Managing *2024* Contract:****Organization/Provider Name:** **Organization/Provider Main Administrative Office Address: (must include street location):****Federal ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Days and Hours of Proposed Program Operation:** | **Title of Your Proposed Service/Program:**  |
| **Requested Funding Amount for Proposed Service/Program**  |
| **Name of Individual Submitting Proposal:****Title:** **Phone:** **Fax:** **E-mail:**  |
| **Name of Proposed Program Contact Person:** **Title:** **Phone:** **Fax:** **E-mail:**  |
| **Name of Proposed Contract Signator:** **Title:** **Phone:** **Fax:** **E-mail:**  |

*Note: Responses must contain accurate, current data and must reflect your most recent performance and financial records*

**PROPOSAL: PART I:**

**SERVICE/PROGRAM DESCRIPTION: *Please provide detailed and specific information for each section. Use as much space as necessary but be precise.***

**SERVICE/PROGRAM SUMMARY**

1. **BRIEF SERVICES/PROGRAM DESCRIPTION OF NEED/OPPORTUNITY:** Describe the need(s) for the service/program - be specific. Provide data and/or a needs assessment that identifies/supports the need. How does your program address and/or meet this need(s)?

RESPONSE:

1. **TARGET POPULATION**: Describe:
* unduplicated number to be served in 2025
* demographic breakdown (age, gender, and location)
* outreach/recruitment process

RESPONSE:

1. **ELIGIBILITY REQUIREMENTS:** Does your proposed program have any eligibility requirements? If yes, please describe and explain how eligibility will be verified.

RESPONSE:

1. **SERVICE(S) DELIVERY:** Describe your program and how services will be delivered. Indicate why you chose this approach to address the need(s). What are the program’s services delivery model/modality and activities (reference best practice or evidence-based model being replicated). How is this program different from the services already provided by the County?

RESPONSE:

1. If program services will be provided at any other location other than the address listed on the cover page, please identify:

|  |  |  |
| --- | --- | --- |
| Name & Address of Site | Day(s) | Time (from\_\_\_\_ to\_\_\_\_) |
|  |  |  |
|  |  |  |
| Use this space to explain possible ad hoc sites that may be used for this program, e.g. libraries, schools, etc. |

1. **PROGRAM GOALS:** Briefly summarize the specific goals and anticipated outcomes for this program.

RESPONSE:

1. **QUALIFICATIONS:**
2. What makes your organization uniquely qualified to provide this type of program/services?
3. Are there any barriers to working with the target population that your organization is uniquely appropriate/prepared to address? How does your organization plan to overcome these barriers?

RESPONSE:

1. **VOLUNTEERS:** Do you intend to use volunteer staff to provide direct services for this proposed program? If yes, please specify. Describe your organization’s screening process for volunteers.

RESPONSE:

1. **WORK PLAN:** Attach a chart showing the schedule for how this program will be executed. Include each goal with a target date for implementation that will assure program implementation as scheduled. (Refer to PROPOSAL: PART I

 Section 10, pp. 4 - 7)

RESPONSE:

1. DIRECTIONS FOR PERFORMANCE OUTCOMES, INDICATORS AND TARGETS: What will you measure and monitor to know if consumers have achieved the desired outcome(s)?

***NOTE: A minimum of two (2) Performance Outcomes are required. The County Department managing this contract may require additional Performance Outcomes to be reported on.***

* **Performance Outcomes** are **benefits or changes** for participants during or after participating in service/program activities. Outcomes are **based on service/program goals**.
* **Outcome Indicators** are the **specific items of data** that you will **measure and monitor** to track how well the service/program is succeeding on reaching identified outcomes. The data should tell you if participants have achieved the desired outcomes.
* **Outcome Targets** are either of the following: **percentage, rate or number of participants** expected to achieve the desired outcomes, or the **amount of change** participants are expected to experience.

# *NOTE: THE FOLLOWING IS AN EXAMPLE ONLY.* *APPLICANT SHOULD USE ITS OWN JUDGEMENT*

# *IN DEVELOPING PROPOSAL-RELATED PERFORMANCE OUTCOMES, OUTCOME INDICATORS, TARGETS, ETC.*

# PERFORMANCE OUTCOME: *EXAMPLE ONLY*

|  |  |
| --- | --- |
|  | Sample |
| Projected Performance Outcome:**Benefit or change for participants** during or after participating in service/program activities. Should be based on service/program goals. | Recipient will comply with the conditions of apartment’s lease and maintain permanent, independent housing. |
| Outcome Indicator & TargetThe **Outcome Indicator** is the **specific item of data to be measured and monitored** to track how well the program is succeeding on this outcome. **The data should tell you if participants have achieved the desired outcome** within the specified timeframe **(at least semiannually). Outcome Target**The Target is the percentage, rate or number of participants expected to achieve this outcome, or the amount of change participants are expected to experience quarterly. | 90% of leases will be renewed upon expiration |
| **Data Collection Method: (will be due to County Department as required)**How will data be collected to measure and monitor the outcome indicator. **Attach data collection instrument(s).** | Data will be collected based on the individual terms of the leases (i.e. month to month, semiannual or annual) and charted as leases expire. |

**NOTE: IF AWARDED A CONTRACT, PERFORMANCE OUTCOME REPORTS WILL BE REQUIRED WITH SUBMISSION OF VOUCHERS. IF A REPORT INDICATES THAT A PERFORMANCE OUTCOME AND TARGET WAS NOT MET, A WRITTEN EXPLANATION MUST BE PROVIDED, WITH A DESCRIPTION OF CORRECTIVE ACTIONS TO BE TAKEN. ANY PERFORMANCE DEFICIENCIES MUST BE REMEDIED WITHIN THIRTY (30) DAYS TO AVOID FUNDING PENALTIES**

**IF PERFORMANCE OUTCOMES ARE NOT MET, AND/OR REQUIRED REPORTS AND ANY REQUESTED DOCUMENTS ARE NOT SUBMITTED WHEN DUE, VOUCHER PROCESSING MAY BE DELAYED AND/OR A FINANCIAL PENALTY MAY BE DEDUCTED FROM THE CONTRACT AMOUNT**

# A MINIMUM OF TWO (2) PERFORMANCE OUTCOMES MUST BE COMPLETED AND SUBMITTED

# WITH PROPOSAL.

# COMPLETE A SEPARATE PAGE FOR EACH PERFORMANCE OUTCOME.

# PERFORMANCE OUTCOME #1

#

|  |  |
| --- | --- |
| Projected Performance Outcome:**Benefit or change for participants** during or after participating in service/program activities. Should be based on service/program goals. |  |
| Outcome Indicator & TargetThe **Outcome Indicator** is the **specific item of data to be measured and monitored** to track how well the program is succeeding on this outcome. **The data should tell you if participants have achieved the desired outcome** within the specified timeframe**.****Outcome Target**The Target is the percentage, rate or number of participants expected to achieve this outcome, or the amount of change participants are expected to experience during the reporting period. |  |
| **Data Collection Method: (will be due to County Department quarterly)**How will data be collected to measure and monitor the outcome indicator. **Attach data collection instrument(s).** |  |

**PERFORMANCE OUTCOME #2**

|  |  |
| --- | --- |
| Projected Performance Outcome:**Benefit or change for participants** during or after participating in service/program activities. Should be based on service/program goals. |  |
| Outcome Indicator & Target\*The **Outcome Indicator** is the **specific item of data to be measured and monitored** to track how well the program is succeeding on this outcome. **The data should tell you if participants have achieved the desired outcome** within the specified timeframe**.****Outcome Target**The Target is the percentage, rate or number of participants expected to achieve this outcome, or the amount of change participants are expected to experience during the reporting period. |  |
| **Data Collection Method: (will be due to County Department quarterly)**How will data be collected to measure and monitor the outcome indicator. **Attach data collection instrument(s).** |  |

**NOTE: ADDITIONAL PERFORMANCE OUTCOMES MAY BE SUBMITTED; COPY AND PASTE THE ABOVE FORM**

**FOR EACH ADDITIONAL PERFORMANCE OUTCOME.**

**PROPOSAL : PART II**

**BEFORE DEVELOPING BUDGET, PLEASE READ BELOW AND THE NOTES AT END OF FORM:**

* **Unless otherwise noted, the budget should be for the amount of the contract only (not for your entire agency or the entire cost of the program if more than the contract amount).**
* **This request does not guarantee a formal 2025 contract award. If awarded, the actual contract amount for 2025 is subject to approval by the County Legislature.**
* **The budget must be developed on a price per unit of service basis rather than an annual, monthly cost or periodic date basis; specific breakdowns should be provided.**
* **The County Department you will be contracting with may have varying budget category requirements.**
* **When entering staff information, include under “Annual Base Salary” the total amount of the individual’s annual salary, and under “% to Project” include only the percentage of time that the person will be devoting to the services being provided through this contract for this program. Under “Amount Budgeted” include the amount reached by multiplying the annual salary by the percentage indicated.**
* **The County Department managing this contract will approve and reimburse for contracted program-specific expenses only. Reimbursement is subject to full compliance with all contract deliverables.**

* **The method of allocation of expenses must be provided, including but not limited to: rent, utilities, copier lease/rental, cost of copies & supplies, printing, postage, computers, internet service, mileage reimbursement, etc.**
* **Expenses such as shredding, water cooler equipment & supplies, entertainment, recreation, fines, penalties, donations, late payment fees, finance charges and donations should not be included in the budget and will not be approved**
* **Please carefully read “Instructions” under each category**
* **Expand space for “Explanation/Justification” as needed to provide detailed information**

|  |  |  |
| --- | --- | --- |
| **PROGRAM BUDGET SUMMARY** |   |   |
| **Expense**  |  | **Amount** |
| **Personnel** |   |
| **Fringe Benefits** |   |
| **Travel** |   |
| **Equipment** |   |
| **Supplies** |   |
| **Contractual/Consultants** |   |
| **Other** |   |
| **Administrative** |  |
|   | **TOTAL\*** |  |

*\*Service unit costs: total expense from above divided by number of service units [i.e.: number of people served; number of meals delivered; number of training sessions provided; price per advertisement, flyer, etc.]*

* ***TOTAL EXPENSES ABOVE / SERVICE UNITS = COST PER UNIT OF SERVICES***

1. Will this specific proposed program be funded from different/additional sources? \_\_\_\_\_\_\_\_\_\_\_

State what percentage of this program is funded through the following sources. State the amount. **NOTE:** Percentages should add to 100% and amounts should add to the total program cost. Do not include in-kind donations/services, use of facilities, etc.

**Percentage $ Amount**

* 1. This request \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
	2. Fundraising proceeds       \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
	3. School district \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
	4. County funds or grants       \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
	5. Other County department funds or grants (specify which depts.) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. State funds or grants       \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
	2. Federal funds or grants \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
	3. Municipality funds or grants      \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
	4. Funds from other community agencies       \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
	5. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Totals \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

NOTE: Payments for the work to be performed as described in the corresponding Service/Program Proposal shall not duplicate payments for the same work performed or to be performed under other agreements between the Agency and other funding sources, including Rockland County.

1. Describe any cost saving or program-enhancing collaborations that are part of this program. Do not list agencies with which you only have a referral relationship.

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| **DIRECT SERVICE PROGRAM STAFF and FRINGE COSTS****Instructions:** List only direct service staff positions (individuals who work directly with program participants) to be included in this program. Indicate the base (annual salary of each Direct Service staff position and the % of time that will be spent on the program. List total fringe cost for these positions. Give brief description of program-related responsibilities for each position below under “Explanation/Justification.”\*Attach resume for each person listed who provides direct services and/or supervisory services. Scan and attach to application or upload to the County Portal. If a position needed for this program is vacant and the individual is yet to be hired if funding is approved, job description, required education, qualifications, experience and anticipated hire date must be provided below in the Explanation/Justification section.Indicate with a (\*\*) next to each person listed who has regular, substantial contact with children or potential for regular, substantial contact with children.   |
| **Position Title\*** | **Annual Base Salary****(The individual’s total annual salary not including Fringe)** | **% to Project****(The percentage of the individual’s time to be devoted only to the services provided through this contract)** | **Amount Budgeted****(Multiply Annual Base Salary times % to Project)** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |
| **Personnel Total** |   |   |   |
| **Fringe Benefit**  | **\_\_\_\_%** |   |
| **Total Personal Services Costs** |  |

**Explanation/Justification:**

|  |
| --- |
| **NON-DIRECT SERVICE PROGRAM STAFF and ORGANIZATION ADMINISTRATIVE STAFF** I**nstructions:** List only non-direct services staff positions included in this project. Indicate the base (annual) salary of each staff position and the % of time that will be spent on the project. List total fringe cost for all personnel. Give brief description of program-related responsibilities for each position below in Explanation/Justification section. \*Attach resume for each person listed who provides supervisory services. If a position needed for this program is vacant and the individual is yet to be hired if funding is approved, job description, required education, qualifications, experience and anticipated hire date must be provided below in the Explanation/Justification section. |
| **Position Title\*** | **Annual Base Salary****(The individual’s total annual salary not including Fringe)** | **% to Project****(The percentage of the individual’s time to be devoted only to the services provided through this contract)** | **Amount Budgeted****(Multiply Annual Base Salary times % to Project)** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |
| **Personnel Total** |   |   |   |
| **Fringe Benefit**  | **\_\_\_\_%** |   |
| **Total Personal Services Costs** |  |

**Explanation/Justification:**

     **Fringe Cost Breakdown as a % of Salary:**

|  |  |
| --- | --- |
| **Health Insurance** |   |
| **Dental Insurance** |   |
| **Vision Insurance** |   |
| **Retirement** |   |
| **FICA** |   |
| **Unemployment Ins.** |  |
| **Disability** |  |
| **Workers' Compensation** |  |
| **Other** |  |
| **Total** |  |

|  |  |  |
| --- | --- | --- |
| **TRAVEL** |   |   |
| **Item** | **Amount** |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| **Total** |  |

**Instructions:** Include staff travel only related specifically to this program. Travel costs include the following: bus, train, personal auto mileage reimbursement, taxi, parking fees, tolls, lodging and meals. Explain which staff will be traveling and the destination, purpose and frequency of travel. Budgeted travel and attendance to training, conferences, meetings, etc. must include: destination, length of stay, purpose, number of travelers, mode of transportation and cost (with mileage rate if applicable), meals (limited to County per diem rate currently $40 per day) and lodging costs. Any proposed conferences and training must be an integral and essential part of this particular program, necessary in connection with the program/project, must be specifically described in this section and *must be pre-approved by the County Department managing this contract*. Receipts must be provided with vouchers. Consultant travel should be shown under the Contractual/Consultant category. Client travel should be shown under the Other Expenses category. All travel related expenses must be “usual and customary.”

**Explanation/Justification:**

|  |  |  |
| --- | --- | --- |
| **EQUIPMENT** |   |   |
| **Item** | **Amount** |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| **Total** |  |

**Instructions:** Equipment is tangible property having an acquisition value of $1,000 or more per unit. Budget requests for equipment purchases using contract funds must be fully explained and justified by program need. Purchase of equipment must be made during the first quarter of the program or it will not be reimbursed. Receipt(s) must be provided. Itemize any equipment to be purchased by type and cost. Equipment purchased with County funds remain the property of the County upon completion of the program. Rental/leased equipment should be shown under Contractual/Consultants.

**Explanation/Justification:**

|  |  |  |
| --- | --- | --- |
| **SUPPLIES** |   |   |
| **Item** | **Amount** |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|    |   |
|    |   |
|   |   |
| **Total** |  |

**Instructions:** Supplies are those items consumed during the term of this contract for the purpose of this program only. List major supply items (office, program, janitorial, etc.) and provide details showing how estimated costs were developed.

**Explanation/Justification:**

|  |  |  |
| --- | --- | --- |
| **CONTRACTUAL/CONSULTANTS** |   |   |
| **Item** | **Amount** |
|   |   |
|   |   |
|   |   |
| **Total** |  |

**Instructions:** This category includes costs for institutions, individuals or organizations external to the agency. Justify the need and/or purpose of the contractual services. Specify the services to be provided and indicate how the cost was determined. Indicate whether the consultant’s rate includes travel and lodging. If not, see “Instructions” If the contractor/consultant is reimbursed at an hourly rate, include the hourly rate and the number of hours to be worked.

The use of subcontractors or consultants may require additional insurance coverage. Please contact your County Department contract liaison for possible additional coverage requirements.

**Explanation/Justification:**

|  |
| --- |
| **OTHER EXPENSES** |
| **Item** | **Amount** |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| **Total** |  |

**Instructions:** Includes items that are not applicable under any other category and that are directly related to the services to be provided, including: postage, telephone, insurance, reproduction, books, computer time, vehicle use, Internet usage, staff training, and direct client expenses. Delineate between program and administrative items. Food/refreshments for staff are not an allowable expense. Indicate how cost was determined. Mortgage payments are not an allowable expense.

***For shared expenses (expenses that are charged to more than one program, like telephone), please indicate what % is attributed to this program and how the % is determined*.**

**Explanation/Justification:**

|  |  |  |
| --- | --- | --- |
| **ADMINISTRATIVE**  |   |   |
| **Item** | **Amount** |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| **Total** |  |

**Instructions:** Includes general administrative costs, such as accounting and legal services, and overhead costs, such as office rent and utilities for this specific program only. Mortgage payments are not an allowable expense.

**NOTE**: **Total administrative costs may not exceed *15%* of the contract total, unless there are extenuating circumstances that are fully explained and preauthorized.**

***For shared expenses (expenses that are charged to more than one program, like rent), please indicate what % is attributed to this program and how the % is determined.***

**Explanation/Justification:**

**IF CONTRACT IS APPROVED - VOUCHER SPECIFIC INFORMATION:**

* **General ledger activity that is requested to be submitted with vouchers must provide specific description of entries**
* **Expenses for registrations, conference-related costs, travel, and staff development must first be pre-approved by the County Department managing your contract**
* **Food, including restaurants and supermarkets, should not be part of the budget unless client-related; receipts indicating the client’s first name and initial of last name and the purpose must be provided**
* **Petty Cash expenses are limited to $25 or less. Receipts for all Petty Cash expenses must be provided with vouchers**
* **Donations to other agencies, tickets to fundraising events, and social activities may not be included and will not be approved or paid**
* **Only categories or items in the detail approved in this budget will be paid**
* **Pre-authorization in writing is required from the County Department managing this contract for any variance in approved categories/line items**

Vouchers will only be considered for payment by the County if and when acceptable supporting documentation is received from agency and its services are full compliance with contract terms.